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ABSTRACT

Many issues surrounding the ethical therapeutic treatment of clients in the mental health field have been researched extensively. The opinions of recovering substance abuse counselors concerning unique dual relationships were investigated in this study. The independent variables included length of time in recovery, amount of work experience, amount of formal education, gender, and size of community. The sample consisted of 100 individuals and a total of 108 comparisons were made, plus 102 recurring comparisons. The results seem to support the following generalizations: Female recovering substance abuse counselors have more awareness of, sensitivity toward, difficulty with, and/or observation of dual relationships than do their male counterparts. Oddly enough, some recovering substance abuse counselors with advanced degrees had less awareness of, sensitivity toward, difficulty with, or observed less dual relationship issues than recovering substance abuse counselors with less-advanced degrees. There were also significant effects among levels of the variables "length of time in recovery" and "amount of work experience." The findings argue for increased education for counselors in substance abuse counseling as well as in other sub-specialties of counseling. Fourteen appendices list statistical summaries, samples of the instrument used, and other information. Contains 55 references. (RJM)

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ED 405 537

OPINIONS CONCERNING UNIQUE DUAL RELATIONSHIPS AMONG RECOVERING SUBSTANCE ABUSE COUNSELORS IN RURAL AND URBAN SETTINGS

being

A Thesis Presented to the Graduate Faculty
of the Fort Hays State University in
Partial Fulfillment of the Requirements for
the Degree of Master of Science

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Graduate Committee Approval

The Graduate Committee of Les J. Powell Hereby Approves His Thesis as Meeting Partial Fulfillment of the Requirements for the Degree of Master of Science.

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Abstract

The purpose of the researcher was to investigate opinions of recovering substance abuse counselors concerning unique dual relationships. The independent variables were length of time in recovery, length of time in field (amount of work experience), amount of formal education, gender, and geographical location (size of community). The dependent variables were scores from the Substance Abuse Counselor Multiple Role Scale. The sample consisted of 100 individuals. Five composite null hypotheses were tested employing a three-way analysis of variance (general linear model) at the .0500 level.

A total of 108 comparisons were made, plus 102 recurring comparisons. Of the 108 comparisons, 30 were for main effects and 78 for interactions. Of the 30 main effects, 5 were statistically significant at the .0500 level. Of the 78 interactions, 5 were statistically significant at the .0500 level.

The results of the present study appeared to support the following generalizations:

1. female recovering substance abuse counselors have more awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships for Primary Mutual-Help Role Versus Counselor Role scores than do their male counterparts;

2. substance abuse counselors in recovery 0-4 years have more awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships for Counselor Discomfort scores than do their counterparts with 5-10 years of recovery;
3. length of time in recovery, amount of formal education, and gender should be interpreted concurrently for Opinion of Potential Dual Relationships;
4. length of time in recovery, amount of formal education, and gender should be interpreted concurrently for Effects on Counseling Relationships;
5. length of time in recovery, amount of formal education, and gender should be interpreted concurrently for Personal Recovery Versus Counselor Role;
6. length of time in recovery, amount of formal education, and gender should be interpreted concurrently for Total score of the Substance Abuse Counselor Multiple Role Scale (SACMRS);
7. length of time in field (amount of work experience), amount of formal education and gender should be interpreted concurrently for Counselor Discomfort; and

8. no association between community size (geographical location) of recovering substance abuse counselors and their opinions concerning unique dual relationships.

Introduction

Dual Relationships in Psychotherapy

Many issues involved in the ethical therapeutic treatment of clients in the mental health field have been researched extensively (Corey, Corey, & Callanan, 1993; Cozby, 1973; Gibson & Pope, 1993; Welfel & Lipsitz, 1984). A great deal of this research has been concerned with dual relationships between psychologists, psychiatrists, social workers and their clients (Bader, 1994; Borys & Pope, 1989; Clarkson, 1994; Kagle & Giebelhausen, 1994; Pope, 1991; Ramsdell & Ramsdell, 1993). Some of the research has involved dual relationships between counselors and their clients (Herlihy & Corey, 1992; Hoffman, 1995; Kitchener, 1988).

Several definitions of dual relationships have been put forth by the psychological and counseling communities (Bader, 1994; Borys & Pope, 1989; Herlihy & Corey, 1992; Kagle & Giebelhausen, 1994). One simple and straightforward definition notes that: "Dual relationships occur when professionals assume two roles simultaneously or sequentially with a person seeking help" (Herlihy & Corey, p. 5). Wubbolding (1993) maintained that several implications are inherent in Herlihy & Corey's definition: either counselor or client may initiate the relationship; the dual relationship can occur at the same time or with a

time lag between the different roles; and dual relationships are of differing types.

There are numerous examples of dual relationships. Included, but not limited to, are acting as a supervisor to a client, having a sexual relationship with a client, having financial dealings with a client, engaging in a close personal relationship with a client, employing a client, or entering into a business venture with a client (Bader, 1994).

Several systems have been proposed to help counselors make rational decisions concerning dual relationships. One example of this process includes a rational decision-making model (Gottlieb, 1993). Another procedure described the development of a sense of moral responsibility (Tennyson & Strom, 1986). Another example illustrated moral reasoning as a series of levels, including intuition, critical evaluation, and ethical values or principals (Kitchener, 1984). Van Hoose (1980) proposed five stages of ethical reasoning. Finally, an educational method was proposed employing a developmental strategy of learning ethical reasoning (Pelsma & Borgers, 1986).

The beliefs and views of the professional community are seen to lie along a continuum regarding dual relationships. Some professionals indicate that all dual relationships

should be avoided (Kagle & Giebelhausen, 1994), while other professionals attest that some dual relationships cannot be avoided and, in fact, can be therapeutic (Clarkson, 1994).

Clarkson (1994) suggested that it is impractical for most mental health professionals to avoid all situations in which multiple roles exist. Clarkson also suggested that educators and trainers are being unfair and unkind when they mandate that their students and trainees abstain from all intentional or unintentional role boundary disturbances. Instead, Clarkson advised, students and trainees might be better served if they acquired the awareness, attitudes, and skills to manage these situations.

Most major psychological and counseling professional organizations have their own set of ethical guidelines (American Counseling Association, 1995; National Association of Alcoholism and Drug Abuse Counselors, 1996). These ethical codes are useful for guidance (Corey et al. 1993). However, professional ethical codes do not address many specific situations which can, and do, arise in psychotherapy and counseling (Corey et al. 1993; Welfel & Lipsitz, 1984). Ryder & Hepworth (1990) postulated that some professional codes dealing with dual relationships seem overly restrictive and that situational ethical conduct is extremely complex and cannot be simplified to the point that

all situations can be legislated by the use of ethical codes. This point was challenged by Bernard (1991) in a special issue of the Journal of Marital and Family Therapy. In turn, Ryder and Hepworth responded to this challenge in the same issue. Corey et al. (1993) stated: "Even within the broad guidelines of ethical codes, responsible practice implies that professionals use informed, sound, and responsible judgment. Thus, professionals should consult with colleagues, keep themselves up to date through reading and continuing education, and continually examine their behavior" (p. 3).

Ethical behavior between therapists and clients has been analyzed using data derived from different types of research (Welfel & Lipsitz, 1984; Borys & Pope, 1989). Pope, Keith-Spiegel, & Tabachnick (1986) provided some initial data on the frequency of sexual attraction of therapists to their clients. It is the clients who are damaged when therapists misuse the power entrusted to them (Kagle & Giebelhausen, 1994). Researchers have explored clients' perceptions of issues as they relate to dual relationships (Ramsdell & Ramsdell, 1993) and clients' reasons for leaving therapy (Hynan, 1990). Ramsdell & Ramsdell found that almost 60% of clients in their study had addressed their counselor by their first name and almost 60%

of counselors had shared personal experiences from their own life. These two behaviors were rated by the majority of clients as likely to have a beneficial effect on the therapeutic process (Ramsdell & Ramsdell). Hynan found that clients' reasons for leaving therapy seldom included dislike of their therapist or the clinical setting.

Pope, Tabachnick, & Keith-Spiegel (1987) found that psychologists reported they would more likely be involved in activities with their clients outside the therapeutic session when these activities were associated with friendship or a non-sexual social relationship, rather than a sexual or financial relationship. These researchers (Pope, Tabachnick, & Keith-Spiegel, 1988) reported that the majority of the psychologists polled indicated that they did not accept such activities previously mentioned as "good" practice policy.

A counselor or therapist can be held accountable by regulatory boards and by the court system (Dove, 1995; Bader, 1994; Herlihy & Corey, 1992; Corey, et al. 1993). If counselors or therapists act irresponsibly, unethically, or negligently, they may experience repercussions from licensing organizations, from legal penalties, or both. The counselors or therapists in question may sustain criminal

prosecution, civil penalties or both (Dove; Bader; Herlihy & Corey; Corey, et al.).

The distinction between ethics and law can be a difficult concept to grasp (Dove, 1995). Dove states: "Not all legal questions are ethical ones, and not all ethical questions are legal ones. There is, of course, a great deal of overlap, especially when major ethical principals have been violated" (p. 25). Laws are not necessarily clear cut, but are open to interpretation, just as ethical principals are (Dove). As Bader (1994) stated: "However, it seems that the central questions should be: Is this relationship exploitative? Does it impair judgment? Focus is most meaningfully put on the *question of exploitation*, not on the question of duality" (p. 66).

Dual relationships which meet the recovering counselor's needs instead of the clients' needs may be considered exploitive. White (1993) stated:

> When the professional helper develops an investment and expectation in meeting his or her personal needs within the relationship with a client, the primary commitment and duty-the fiduciary contract-to care for the client has been at best weakened and at worst abandoned. (p. 152)

Dual relationships which violate physical, psychological, or spiritual boundaries of clients might also be termed exploitive, invasive, or both (Kasl, 1992).

Kasl (1992) defined these three types of boundaries, and explains how violations of these boundaries might occur. Kasl also contended that boundary violations occur within relationships when the persons with the most perceived power intentionally or unintentionally fail to set limits and enforce boundaries. In most circumstances, clients perceive recovering counselors as having more power than the clients. Most often, clients are unable, for many reasons, to set limits or enforce boundaries. For these reasons, it is the responsibility of recovering counselors to set and enforce boundaries related to differing roles and dual relationships. Clients may not be aware that dual relationships exist. Therefore, it is the duty of recovering counselors to communicate with their client, and help clients to understand the differences between the roles in which the counselor and client are engaged. In this instance, recovering counselors have an excellent opportunity to help clients understand and develop boundaries.

Counselor Self-disclosure

Researchers have examined self-disclosure in the counseling relationship (Cozby, 1973; Watkins, 1990, Edwards & Murdock, 1994). Edwards and Murdock studied clinical disclosure among psychologists, and found that the use of disclosure varied according to the theoretical orientation of the therapist. According to Herlihy and Corey (1992), the therapeutic purpose of professional self-disclosure should be kept clearly in mind. The act of disclosing personal information could constitute a dual relationship, if the act of disclosing meets the professional's needs instead of being helpful to the client (Herlihy and Corey).

A distinction has been made between self-involving statements and self-disclosing statements. According to Danish, D'Augelli, & Brock (1976), self-involving statements are expressions of the present feelings the counselor is having about the client, or the counselor's reactions to clients' statements, behaviors or both. Danish et al. contended that counselor self-disclosure pertains to the counselor relating personal past experiences to the client. Some researchers do not differentiate between self-disclosing and self-involving statements made by a counselor, grouping all these types of statements together, and referring to all of them as self-disclosing statements

(Hoffman-Graff, 1977; Cozby, 1973). Regardless of the terminology used, self-disclosure statements and self-involving statements, when used in the therapeutic context, have been found to effect clients' perceptions of their counselors (Cozby; Danish et al.; Watkins, 1990; Hoffman-Graff; Dowd & Boroto, 1982; Anderson & Anderson, 1985; and McCarthy, 1979).

McCarthy (1979) found that counselors who used self-involving statements were found by their clients to be more expert and trustworthy than those who used self-disclosure. Anderson & Anderson (1985), like McCarthy, reported that counselors using positive self-involving statements were perceived by their clients to be more expert and trustworthy, while the counselors that used negative self-involving statements were deemed to be less healthy in the client's eyes.

Findings of an opposite view were reported by Hoffman-Graff (1977) who contended that the interviewers using negative self-involving statements were perceived to be more empathic and warm. Dowd & Boroto's (1982) findings also conflicted with those previously mentioned. They found that no difference in client perceptions existed when their counselors disclosed present experiences as compared to the client's perceptions after the counselor had disclosed past

information. A limitation of this study includes the possibility that gender differences among clients and counselors, as well as raters in the studies had an effect on these outcomes. Halpern (1977) found that as the counselors' self-disclosure increased, the clients' perceived self-disclosure also became greater. Although results vary, it was found that overall, positive self-involving statements made by a counselor seem to have the most favorable impact on a client's perception when compared with negative self-involving and positive and negative self-disclosure statements made by a counselor (Watkins, 1990). Self-disclosing and self-involving statements may create an ethical problem involving dual relationships for counselors who are in recovery. Recovering counselors may face this ethical dilemma related to self-disclosure issues when they attend mutual-help meetings, where clients are in attendance, and are asked to share their story (Bissell and Royce, 1994).

Rural and Urban Settings

Research has been conducted relating to the differences in dual relationships between professionals and their clients in rural and urban settings (Jordan & Hargrove, 1987; Horst, 1989;). Discussions on the topic of ethical issues concerning dual relationships in rural settings are

also available (Jennings, 1992; Stockman, 1990). Jordan & Hargrove studied the definitions of rurality and concluded that an appropriate definition of rurality does not exist, "...because appropriate operationalizations rely on intended usages and divergent ecologies" (p. 24). However, Jordan & Hargrove did not support abandonment of the quest for reliable and valid definitions. Horst published a study in which she used the following criteria to define rural and urban areas: Rural, communities under 5,000 population; small cities, 5,000-10,000 population; medium cities, 15,000-100,000 population; and large cities as over 100,000 population.

Horst (1989) stated that "Therapists who work in rural areas ... inevitably confront the issue of out-of-session contact and overlapping relationships with clients" (p.17). Horst found that:

> The evidence here suggests that while psychologists who practice in rural areas do experience more outside contact with clients, they manage to differentiate between true dual (i.e., harmful, conflictual) relationships and relationships which overlap in less harmful ways. Rural psychologists are more likely to have as clients individuals whom they know in some other way .... While it may be difficult

> for rural psychologists to control the amount of outside contact they have with clients, they do seem to manage to exert control over the form the outside contact will take. (p.23)

Counselors who practice in rural settings probably experience similar situational difficulties as those mentioned by Horst.

Unique Dual Relationships of Substance Abuse Counselors who are in Recovery

Recovering alcoholics and drug addicts who have entered the field of counseling have some unique problems to face, as does any counselor who is recovering from the same condition with which their clients are afflicted (Dove, 1995; Bissell and Royce, 1994; White, 1993). The research on these unique dual relationships is sparse (Barker, 1996).

The National Association of Alcoholism and Drug Abuse Counselors (NAADAC) conducted a demographic survey of its members. This research revealed that 52% of respondents categorized themselves as being in recovery from substance dependency. The survey indicated that 46% of respondents identified themselves as "codependent", and 53% as "adult children of alcoholics"[COAs; (McGovern, Wright, & Wright, 1990)]. The results of a recent study (Kelly & Myers, 1996) indicated that neither COAs or CONAs, "children of non-

alcoholics," scored at a depressed level on the Beck Depression Inventory, possibly disputing the claim that there are significant differences in cognitive functioning between those two groups.

It is advised that recovering counselors receive training relating to the possible dual relationships they will confront and the implications of such relationships (Dove, 1995). As recovering substance abuse counselors continue to pursue licensure and advanced degrees in education, more emphasis will be placed on their knowledge of ethical and legal aspects of all areas of their profession, including duality of relationships (Bissell & Royce, 1994; Dove, 1995). Dove stated: "Counselors must learn to recognize the inherent uncertainty of the facts of a given ethical dilemma. They must also learn to recognize the limitations of professional opinion and the legitimacy of different viewpoints" (p. 27). Research has shown that students do exhibit attitudinal changes as a result of taking an academic ethics course (Coll, 1993). These courses are gaining in popularity in the substance abuse field as qualifications are being upgraded. Addictions counselors are increasingly receiving advanced degrees in counseling (Page, Bailey, Barker, & Clawson, 1995).

People who are recovering from an addiction, often find continued recovery and support from twelve-step meetings. According to Gorski and Miller (1986), "Addiction is a physical disease. It is properly classified with cancer, heart disease, and diabetes as a chronic illness..." (p. 39-40). Alcoholics are prone to relapse if they do not maintain an appropriate level of growth (Gorski & Miller; Alcoholics Anonymous, 1976; White, 1993). Therefore many alcoholics attend mutual-help meetings to aid in their recovery. Stress management has been shown, according to Gorski and Miller, to be useful in the continued promotion of recovery in the alcoholic. Increased perception of stress was noted by counselors when faced with ethical dilemmas such as dual relationships (May & Sowa, 1992). Continued attendance at mutual-help meetings is another useful strategy during remission (Gorski & Miller). In these meetings, recovering people share their experience, strength, and hope with each other. Recovering people accomplish this supportive sharing by describing personal experiences of: 1) how it was; 2) what happened; and 3) what it is like now (Alcoholics Anonymous, 1976). A recovering substance abuse counselor may find themselves in a non-facilitated mutual-help meeting where their clients are also present (Bissell & Royce, 1994, White, 1993). The

counseling relationship between recovering counselors and their clients may be altered if the counselor shares their experiences in the meeting (Bissel & Royce). The client also may be more unwilling to share in the meeting if their counselor is present (White). Expectations of the recovering counselor and client may be different, depending on the role that is being assumed. For example, the expectations a client has of a recovering counselor may differ according to the setting that they see that counselor in, a mutual-help group or a clinical setting. The expectations the recovering counselor has of the client may change in different settings as well. The expectations of the recovering counselor and the client are most appropriately vocalized as the expectations change and evolve. All mental health professionals must be cognizant of the possible conflict between expectations involved within the roles in which the professionals engage (Kitchener, 1988).

The effect of a dual relationship could be compounded in the rural setting, where the abundance of twelve-step groups is not as available as in an urban setting (Bissel & Royce, 1994). In the rural setting, recovering counselors, knowing that their clients regularly attend meetings, may be tempted to not attend, or not to play an active role in the discussion if they do attend the twelve-step functions

(Bissel & Royce). The recovering substance abuse counselor's continued remission from addictive disease is often contingent on attendance and participation at twelve-step functions. For many recovering counselors, attendance at twelve-step functions is a life-long decision, which occurs one day at a time, as is continued abstinence from mood altering chemicals. The fact that recovering substance abuse counselors may need these meetings for continued sobriety, and yet may not attend because their clients also attend the meetings, may constitute an ethical dilemma (Bissell & Royce).

"When anyone, anywhere, reaches out for help, I want the hand of A.A. always to be there, and for that: I am responsible" (Alcoholics Anonymous, 1967, p. 332). The members of Alcoholics Anonymous (A.A.) adhere to and abide by the statement cited above, which was a declaration of the 30th anniversary of A.A. at the international convention in 1965. The declaration has been named the responsibility pledge.

Many newcomers are taught that this pledge pertains to them, as indeed it does, as A.A. members. However, this commitment may cause difficulties for an inexperienced counselor who is also a recovering alcoholic in the field of substance abuse treatment. Many new counselors are also

sponsors of and friends with newly sober individuals. As Bissell and Royce (1994) stated: "Some treatment facilities have actually required A.A. members on their staffs to sponsor their own patients, a risky merging of two quite different roles that are, at best, not easy to keep separate" (p. 45). Therefore, the basis for other potential dual relationships exists, and rural substance abuse counselors are vulnerable through the nature of support activities.

Summary

Dual relationships are situations that are likely to be faced by most counselors and therapists. Counselor self-disclosure is an important factor to consider when a relationship forms between counselors and their clients. Dual relationships and counselor self-disclosure take on a more complex and intricate pattern in the rural therapy practice. Further compounding these issues are the unique situations faced by the recovering substance abuse counselor.

Statement of the Research Problem

The purpose of the researcher was to investigate opinions of recovering substance abuse counselors concerning unique dual relationships.

Rationale and Importance of the Research

The field of substance abuse treatment is evolving as a profession (Bissell & Royce, 1994). As recovering substance abuse counselors continue to pursue licensure and advanced degrees in education, more emphasis will be placed on their knowledge of ethical and legal aspects of all areas of their profession, including duality of relationships (Bissell and Royce). Bissell and Royce stated: "Unfortunately, most professional schools, even those with the finest of reputations, cannot be relied on to teach their graduates about chemical dependency, and sometimes what they do offer is inaccurate" (p. 4). Dove (1995) stated: "Counselors must learn to recognize the inherent uncertainty of the facts of a given ethical dilemma. They must also learn to recognize the limitations of professional opinion and the legitimacy of different viewpoints" (p. 27). Students often receive ethical training in either an academic setting and/or a practical employment experiential setting (Bissell & Royce). The aim of the researcher was to discover information that might further the education of those who are entering the field of substance abuse counseling, and of those counselors who are interested in advancing their knowledge of the ethics involved in substance abuse counseling.

In the substance abuse treatment field, little research has been conducted that addresses the unique dual relationships that are faced by recovering counselors. Too often, clients are damaged, unintentionally, by recovering therapists who are unprepared to differentiate between their responsibility to be sponsors and friends of other recovering people, and their responsibility to their clients and patients to maintain a therapeutic boundary system. New, inexperienced counselors are vulnerable to courts, negligence charges, loss of certification and licensure status, and loss of their careers because they were ill-informed of the repercussions that sometimes follow the improper management of dual relationships (Herlihy and Corey, 1992).

Substance abuse professionals in supervisory positions, educators, and inexperienced recovering substance abuse professionals might gain awareness from the present research. This information might be passed on to supervisees, students, and colleagues and help to prevent unwarranted damage to clients and unnecessary sanctions against otherwise skillful counselors. The results of the present study provided information that might help to answer the following questions:

1. Is there an association between the length of time in recovery of the substance abuse counselor and opinions concerning unique dual relationships?
2. Is there an association between length of time in field (amount of work experience) of the recovering substance abuse counselor and opinions concerning unique dual relationships?
3. Is there an association between amount of formal education of the recovering substance abuse counselor and opinions concerning unique dual relationships?
4. Is there an association between gender of the recovering substance abuse counselor and opinions concerning unique dual relationships?
5. Is there an association between geographical location (community size) of the recovering substance abuse counselor and opinions concerning unique dual relationships?

Composite Null Hypotheses

All hypotheses were tested at the .0500 level.

1. The differences among mean Substance Abuse Counselor Multiple Role Scale scores for recovering substance abuse counselors in Kansas according to length of time in

recovery, length of time in field (amount of work experience), and amount of formal education will not be statistically significant.

2. The differences among mean Substance Abuse Counselor Multiple Role Scale scores for recovering substance abuse counselors in Kansas according to length of time in recovery, length of time in field (amount of work experience), and gender will not be statistically significant.
3. The differences among mean Substance Abuse Counselor Multiple Role Scale scores for recovering substance abuse counselors in Kansas according to length of time in recovery, amount of formal education, and gender will not be statistically significant.
4. The differences among mean Substance Abuse Counselor Multiple Role Scale scores for recovering substance abuse counselors in Kansas according to length of time in field (amount of work experience), amount of formal education, and gender will not be statistically significant.
5. The differences among mean Substance Abuse Counselor Multiple Role Scale scores for recovering substance abuse counselors in Kansas according to

geographical location (community size), length of time in field (amount of work experience), and gender will not be statistically significant.

Definition of Variables

Independent Variables

Independent variables were obtained from the Demographic Questionnaire. The following independent variables were investigated:

1. length of time in recovery - three levels,
   - level one - 0-4 years,
   - level two - 5-10 years,
   - level three - 11+ years;
2. length of time in field (amount of work experience)- three levels,
   - level one - 0-4 years,
   - level two - 5-10 years,
   - level three - 11+ years;
3. amount of formal education - four levels,
   - level one - high school or G.E.D.,
   - level two - associate's degree,
   - level three - bachelor's degree,
   - level four - graduate level degree;
4. gender- two levels,
   - level one - female,

level two- male;

5. Geographical location (community size) - three levels,

level one - 0 - 10,000 population,

level two - 10,000 - 100,000 population,

level three - 100,000+ population.

Dependent Variables

The dependent variables were scores from the following subscales of the Substance Abuse Counselor Multiple Role Scale (SACMRS). Information regarding the individual subscales may be found in Table 1.

Table 1: Subscales of the Substance Abuse Counselor Multiple Role Scale, Number of Items Included, the Range of Possible Scores, and Theoretical Means

Name of subscale	Number of items	Score range	M*
1. Counselor Discomfort subscale	5	5-35	20
2. Opinion of Potential Dual Relationships subscale	19	19-133	76
3. Effect on Counseling Relationships subscale	7	7-49	28
4. Personal Recovery Versus Counselor Role subscale	12	12-84	48
5. Primary Mutual-Help Role Versus Counselor Role subscale	18	18-126	72
6. Total**	31	31-217	124

* - Theoretical mean

** - Substance Abuse Counselor Multiple Role Scale (SACMRS) Some items are used in more than one subscale. See Appendixes F through J for a listing of individual items in each subscale.

Limitations

The following may have affected the results of the present study:

1. a random sample was not employed,
2. the information was totally self-reported,
3. a listing of counselors belonging to a professional organization was used for the sampling, and
4. most of the subjects came from the same geographical area (i.e., Kansas).

Delimitations

The following were not implemented:

1. pilot study,
2. validity study of the Substance Abuse Counselor Multiple Role Scale (validity study conducted concurrently), and
3. reliability study of the Substance Abuse Counselor Multiple Role Scale (reliability study conducted concurrently).

Methodology

Setting

Kansas is a state that has relatively little industrialization (Helgar, 1994; Barcellina, 1992). Aside from agricultural manufacturing, most of the state revenue

originates with farming and oil and gas production, particularly in the western two thirds of the state.

The study was conducted using as subjects recovering substance abuse counselors from Kansas. The present researcher attempted to obtain a representative sample from all sizes of communities, ranging from rural to urban. All but one of the large communities (population greater than 100,000) lie in the eastern third of the state. The criteria of community size was used to distinguish between rural and urban settings (Horst, 1989). No counselors were deliberately excluded from this study.

Subjects

The names and addresses of all the substance abuse counselors in the state who belonged to the Kansas Alcohol and Drug Abuse Counselor's Association (K.A.D.A.C.A.) were obtained by requesting a member list. The names and addresses of all the certified substance abuse counselors in the state were acquired by requesting a member list from Alcohol and Drug Abuse Services (A.D.A.S.). The membership of K.A.D.A.C.A. was implemented in the research because the listing of certified counselors in the state was dated and the present researcher did not consider the business addresses of the certified counselors to be current. The list that was supplied by K.A.D.A.C.A. consisted of home

addresses and was considered to be more current. Two hundred forty two members of K.A.D.A.C.A., or 44% of the individuals who had been sent copies of questionnaires, responded to the survey. Three individuals respectfully declined to participate. Of the other 239 participants, 42 did not complete the instruments. One hundred forty two, or 59%, described themselves as being in recovery from substance abuse, substance dependency, or both. One hundred, or 41%, of the substance abuse counselors described themselves as not being in recovery. One hundred of the recovering respondents completed the instruments. The total sample consisted of 100 participants.

Instrumentation

Two instruments were used. They were the Demographic Questionnaire and the Substance Abuse Counselor Multiple Role Scale.

The Demographic Questionnaire. The Demographic Questionnaire was developed by the present researcher. The following were addressed: the present status of the counselor (recovering from alcohol and/or drug abuse and/or dependence or not); the length of time in recovery of the respondent; the length of work experience of the respondent in the field of alcohol and drug counseling; the amount of formal education that the respondent had acquired; the

gender of the respondent; and the geographical location of the respondent, in relation to rural and urban areas, and in relation to proximity of self-help meetings. A copy of the Demographic Questionnaire can be found in Appendix B. If the respondents indicated that they were not recovering from alcohol dependence or drug abuse or both, they were asked to return the questionnaires after answering only the first question on the Demographic Questionnaire. If the respondents indicated that they were recovering, they were asked to complete both questionnaires and then return them.

The Substance Abuse Counselor Multiple Role Scale. The Substance Abuse Counselor Multiple Role Scale (SACMRS) was developed by the present researcher. The scale was developed after the present researcher reviewed the literature thoroughly. This review of the literature indicated that previous to this study, substance abuse counselors had not been surveyed in this fashion. Therefore, there were no existing item pools to draw from and an item pool was created. However, research has been conducted on the beliefs of psychiatrists, psychologists, counselors, and social workers relating to dual relationships (Gibson & Pope, 1993; Pope, Tabachnick, & Keith-Spiegel, 1988; Borys & Pope, 1989). The studies of psychiatrists, psychologists, counselors, and social workers

served as a starting point for item construction. However, specific items from those scales were not used; therefore, permission from the authors was not obtained.

Existing research describing ethical considerations in substance abuse counseling was examined. Five areas of interest were noted: Discomfort experienced by recovering substance abuse counselors when faced with unique dual relationships between the counselors and their clients; opinion of potential unique dual relationships between recovering substance abuse counselors and their clients; potential effects of unique dual relationships on counseling relationships between recovering substance abuse counselors and their clients; conflictual patterns between personal recovery programs of recovering substance abuse counselors and their counseling roles; and conflictual patterns associated between recovering substance abuse counselors' primary mutual-help roles and the recovering substance abuse counselors' therapeutic roles with their clients.

As the item pool was developed, these five areas were translated into subscales and referred to as the Counselor Discomfort subscale, the Opinion of Potential Dual Relationships subscale, the Effects on Relationships subscale, the Personal Recovery Versus Counselor Role subscale, and the Primary Mutual-Help Role Versus Counselor

Role subscale. A sixth scale was added, was comprised of the total of all the individual items in the subscales, and was named Total scale (Substance Abuse Counselor Multiple Role Scale). The item pool used in the SACMRS may be found in Appendix C. The item pool was presented to a portion of the staff of the Department of Administration, Counseling, and Educational Studies (ACES) of Fort Hays State University for evaluation, along with a letter of explanation. A copy of this letter is included in Appendix A. The item pool was also presented to Dr. Barbara Herlihy and Dr. Gerald Corey for evaluation. The results of these evaluations assisted the present researcher in the drafting of the final version of the SACMRS (Appendix D). For example, the evaluators were asked to classify the items contained in the item pool into subscales both in a letter included with the item pool and at the top of the item pool (Appendices A and C).

The items that comprise the final version of the SACMRS were distributed among the subscales in the following manner: The Dual Relationship subscale consisted of 5 items; the Discomfort subscale was comprised of 19 items; the Effects on Relationship subscale was composed of 7 items; the Personal Recovery Versus Counselor Role subscale contained 12 items; the Primary Mutual-Help Role Versus Counselor Role subscale was a collection of 18 items, and

the Total scale, which was composed of 31 items. Inter-item correlation coefficients for these subscales may be found in Appendices F, G, H, I, J, and E respectively. Item correlation coefficients with total score for the entire instrument may be found in Appendix E. Item correlation coefficients with total score for the individual subscales may be found in Appendix N. Inter-scale correlation coefficients may be found in Appendix K, and Cronbach Alpha reliability coefficients for each scale may be found in Appendix L. The SACMRS was developed as a Likert-type scale with the items having seven potential responses ranging from extremely seldom to extremely frequently (Appendix D). The present researcher assigned a point value to each item in the instrument and devised a scoring system for the instrument. For each subscale and Total, the sum of the responses to the items was the score. Reliability and validity studies were conducted concurrently with the actual data analysis described in a later section. Subsequent to the validity studies, six items were deleted from the computing program and the statistical analysis was repeated. Any item that did not have statistically significant factor loading was deleted. The results, showing differences in main effects and interactions, were tabulated in Appendix M.

Research Design and Data Collection Procedure

A factorial status survey design was employed. The following independent variables were investigated: Length of time in recovery, length of time in field (amount of work experience), amount of formal education, gender, and geographical location. The dependent variables were scores from the following subscales of the Substance Abuse Counselor Multiple Role Scale: Counselor Discomfort subscale, Opinion of Potential Dual Relationships subscale, Effects on Counseling Relationships subscale, Personal Recovery Versus Counselor Role subscale, and the Primary Mutual-Help Role Versus Counselor Role subscale. Five composite null hypotheses were tested using a three-way analysis of variance (general linear model) at the .0500 level. Each composite null hypothesis was tested with the following design:

Composite null hypothesis number 1, a 3x3x4 factorial design;

Composite null hypothesis number 2, a 3x3x2 factorial design;

Composite null hypothesis number 3, a 3x4x2 factorial design;

Composite null hypothesis number 4, a 3x4x2 factorial design; and

Composite null hypothesis number 5, a 3x3x2 factorial design.

Five hundred forty five names of certified alcohol and drug abuse counselors were acquired from the Kansas Alcohol and Drug Abuse Counselors Association (KADACA), the professional organization for substance abuse counselors in the state of Kansas. Each possible subject was mailed a packet of material consisting of a letter explaining the research (Appendix A), a copy of the Demographic Questionnaire (Appendix B), and a copy of the Substance Abuse Counselor Multiple Role Scale (Appendix D). The packet of material was sent to the address given by KADACA. The cover letter indicated that the person was being asked to participate in a research project, and encouraged participation. The reason for the study was described as being partial fulfillment of the author's Master's Degree. The letter indicated that participation in this study was voluntary, and that there would be no identifying information on the questionnaires. The letter indicated that individual responses would be held in strict confidence, and subjects would remain anonymous. Instructions for the completion of the instruments were included and the packet also contained a stamped, self-addressed envelope. Fort Hays State letterhead was obtained

from the department of Administration, Counseling and Educational Studies and used for the correspondence. Envelopes with the Fort Hays State University logo were also used to increase the credibility of the study.

The returned copies of the instruments were checked by the author for completeness. The Demographic Questionnaires and the SACMRSs that were complete enough to use were included as part of the sample. Also included were the Demographic Questionnaires that were returned by counselors who were not recovering. These were used for statistical purposes to find percentages of recovering substance abuse counselors compared to non-recovering substance abuse counselors in the state of Kansas. Copies of the SACMRS were prepared for scoring analysis by the personel at Fort Hays State Computing Center. The data were analyzed by the personnel at the Computing Center at Fort Hays State University.

Data Analysis

The following were compiled:

1. appropriate descriptive statistics,
2. three-way analysis of variance (general linear model),
3. Bonferroni (Dunn) *t*-test for means, and
4. Duncan's multiple range test for means.

Results

The purpose of the researcher was to investigate opinions of recovering substance abuse counselors concerning unique dual relationships. The independent variables were length of time in recovery, length of time in field (amount of work experience), amount of formal education, gender, and geographical location (size of community). The dependent variables were scores from the following subscales of the Substance Abuse Counselor Multiple Role Scale:

1. Counselor Discomfort subscale,
2. Opinion of Potential Dual Relationships subscale,
3. Effects on Counseling Relationships subscale,
4. Personal Recovery Versus Counselor Role subscale,
5. Primary Mutual-Help Role Versus Counselor Role subscale, and
6. Total scale (Substance Abuse Counselor Multiple Role Scale or SACMRS). The total sample consisted of 100 participants.

Five composite null hypotheses were tested employing a three-way analysis of variance(general linear model) at the .0500 level. The following designs were used with the composite null hypotheses:

Composite null hypothesis number 1, a 3x3x4 factoral design;

composite null hypothesis number 2, a 3x3x2 factoral design;

composite null hypothesis number 3, a 3x4x2 factoral design;

composite null hypothesis number 4, a 3x4x2 factoral design; and

composite null hypothesis number 5, a 3x3x2 factoral design.

The results section was organized according to composite null hypotheses for ease of reference. Information pertaining to each null hypothesis was presented in a common format.

It was hypothesized in composite null hypothesis number 1 that the differences among mean Substance Abuse Counselor Multiple Role Scale scores for recovering substance abuse counselors in Kansas according to length of time in recovery, work experience, and amount of formal education would not be statistically significant. Information pertaining to composite null hypothesis number 1 was cited in Table 2. The following were presented in Table 2: variables, group sizes, means, standard deviations, *F* values, and *p* levels.

Table 2: A Comparison of Mean Substance Abuse Counselor Multiple Role Scale Scores for Recovering Substance Abuse Counselors According to Length of Time in Recovery, Length of Time in Field (Amount of Work Experience), and Amount of Formal Education Employing a Three-Way Analysis of Variance (General Linear Model)

Variables	n	M*	s	F values	p levels
		Counselor Discomfort**			
Time in Recovery (A)					
0-4 years	8	17.9	3.48		
5-10 years	21	13.3	3.57	1.97	.1460
11+ years	71	14.7	4.81		
Work Experience (B)					
0-4 years	21	14.5	4.48		
5-10 years	35	14.6	3.66	0.01	.9914
11+ years	44	14.7	5.34		
Formal Education (C)					
High School or G.E.D.	20	12.5	3.76		
Associate's Degree	15	14.9	3.87	1.31	.2785
Bachelor's Degree	34	14.3	4.75		
Graduate Level Degree	31	16.3	4.75		
Interactions					
AxB				0.79	.5355
AxC				0.63	.6783
BxC				0.48	.8226
AxBxC				0.11	.7455

(continued)

Table 2 (Continued):

variables	n	M	s	F values	p levels
		Opinion of Potential Dual Relationships			
Time in Recovery (A)					
0-4 years	8	81.4	10.25		
5-10 years	21	71.1	13.07	1.61	.2059
11+ years	71	74.0	14.37		
Work Experience (B)					
0-4 years	21	74.1	13.58		
5-10 years	35	72.0	10.89	0.25	.7817
11+ years	44	75.5	16.19		
Formal Education (C)					
High School or G.E.D.	20	67.5	11.27		
Associate's Degree	15	71.5	17.30	2.00	.1215
Bachelor's Degree	34	74.4	12.74		
Graduate Level Degree	31	79.0	13.59		
Interactions					
AxB				0.67	.6153
AxC				1.16	.3371
BxC				0.78	.5905
AxBxC				0.56	.4576

(continued)

Table 2 (Continued):

variables	n	M	s	F values	p levels
Effects on Counseling Relationships					
Time in Recovery (A)					
0-4 years	8	27.4	2.07		
5-10 years	21	26.3	4.48	0.42	.6607
11+ years	70	26.7	3.48		
Work Experience (B)					
0-4 years	21	26.7	3.44		
5-10 years	35	26.2	3.56	0.44	.6484
11+ years	43	27.0	3.76		
Formal Education (C)					
High School or G.E.D.	20	25.8	2.95		
Associate's Degree	14	26.4	2.90	0.18	.9126
Bachelor's Degree	34	26.5	3.88		
Graduate Level Degree	31	27.5	3.95		
Interactions					
AxB				0.50	.7331
AxC				0.40	.8492
BxC				1.54	.1769
AxBxC				0.01	.9326

(continued)

Table 2 (Continued):

variables	n	M	s	F values	p levels
Personal Recovery Versus Counselor Role					
Time in Recovery (A)					
0-4 years	8	42.9	4.58		
5-10 years	21	36.0	8.31	2.19	.1189
11+ years	70	38.1	8.67		
Work Experience (B)					
0-4 years	21	38.6	8.03		
5-10 years	35	36.9	7.99	0.31	.7331
11+ years	43	38.7	9.07		
Formal Education (C)					
High School or G.E.D.	20	32.6	7.66		
Associate's Degree	14	37.9	6.35	1.88	.1401
Bachelor's Degree	34	38.6	8.36		
Graduate Level Degree	31	40.9	8.53		
Interactions					
AxB				0.50	.7370
AxC				0.56	.7294
BxC				1.27	.2819
AxBxC				0.00	.9956

(continued)

Table 2 (Continued):

variables	n	M	s	F values	p levels
Primary Mutual-Help Role Versus Counselor Role					
Time in Recovery (A)					
0-4 years	8	77.4	12.98		
5-10 years	21	67.4	11.65	1.46	.2395
11+ years	71	70.8	15.07		
Work Experience (B)					
0-4 years	21	70.6	13.61		
5-10 years	35	68.2	9.81	0.37	.6914
11+ years	44	72.6	17.41		
Formal Education (C)					
High School or G.E.D.	20	65.2	11.70		
Associate's Degree	15	69.3	18.95	2.17	.0980
Bachelor's Degree	34	70.4	13.16		
Graduate Level Degree	31	75.2	13.88		
Interactions					
AxB				0.67	.6180
AxC				1.31	.2682
BxC				0.41	.8714
AxBxC				1.68	.1995

(continued)

Table 2 (Continued):

variables	n	M	s	F values	p levels
		Total			
Time in Recovery (A)					
0-4 years	8	128.6	18.51		
5-10 years	21	112.7	19.45	1.26	.2903
11+ years	70	118.0	23.02		
Work Experience (B)					
0-4 years	21	117.4	20.19		
5-10 years	35	114.5	17.54	0.46	.6326
11+ years	43	120.6	26.13		
Formal Education (C)					
High School or G.E.D.	20	106.9	18.62		
Associate's Degree	14	116.0	25.15	2.44	.0705
Bachelor's Degree	34	117.6	19.76		
Graduate Level Degree	31	125.7	23.03		
Interactions					
AxB				0.66	.6201
AxC				1.03	.4046
BxC				0.66	.6788
AxBxC				0.81	.3706

* The larger the value, the greater the reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships.

** Each scale has the following possible scores and theoretical means: Counselor Discomfort subscale (5-35, 20); Opinion of Potential Dual Relationships subscale (19-133,76); Effect on Counseling Relationships subscale (7-49, 28); Personal Recovery Versus Counselor Role subscale (12-84, 48); Primary Mutual-Help Role Versus Counselor Role subscale (18-126, 72); Total scale [Substance Abuse Counselor Multiple Role Scale (31-217, 124)].

None of the 42 p values was statistically significant at the .0500 level; therefore, the null hypotheses for these comparisons were retained. The results cited in Table 2 indicated no associations between independent and dependent variables. All the subgroups of the sample appear to represent a single population.

It was hypothesized in composite null hypothesis number 2 that the differences among mean Substance Abuse Counselor Multiple Role Scale scores for recovering substance abuse counselors in Kansas according to length of time in recovery, length of time in field (amount of work experience) and gender would not be statistically significant. Information pertaining to composite null hypothesis number 2 was cited in Table 3. The following were presented in Table 3: variables, group sizes, means, standard deviations, F values, and p levels.

Table 3: A Comparison of Mean Substance Abuse Counselor Multiple Role Scale Scores for Recovering Substance Abuse Counselors According to Length of Time in Recovery, Length of Time in Field (Amount of Work Experience), and Gender Employing a Three-Way Analysis of Variance (General Linear Model)

Variables	n	M*	s	F values	p levels
		Counselor Discomfort**			
Time in Recovery (A)					
0-4 years	8	17.9	3.48		
5-10 years	21	13.3	3.57	2.13	.1255
11+ years	71	14.7	4.81		
Work Experience (B)					
0-4 years	21	14.5	4.48		
5-10 years	35	14.6	3.66	0.07	.9368
11+ years	44	14.7	5.34		
Gender (D)					
Female	39	15.4	4.24	1.70	.1957
Male	61	14.1	4.76		
Interactions					
AxB				0.29	.8806
AxD				0.18	.8394
BxD				0.04	.9639
AxBxD				0.42	.5208

(continued)

Table 3 (Continued):

variables	n	M	s	F values	p levels
		Opinion of Potential Dual Relationships			
Time in Recovery (A)					
0-4 years	8	81.4	10.25		
5-10 years	21	71.1	13.07	1.25	.2921
11+ years	71	74.0	14.37		
Work Experience (B)					
0-4 years	21	74.1	13.58		
5-10 years	35	72.0	10.89	0.02	.9804
11+ years	44	75.5	16.19		
Gender (D)					
Female	39	77.7	13.24	2.66	.1064
Male	61	71.6	13.95		
Interactions					
AxB				0.22	.9261
AxD				0.31	.7320
BxD				0.01	.9911
AxBxD				0.04	.8463

(continued)

Table 3 (Continued):

variables	n	M	s	F values	p levels
		Effects on Counseling Relationships			
Time in Recovery (A)					
0-4 years	8	27.4	2.07		
5-10 years	21	26.3	4.48	0.24	.7894
11+ years	70	26.7	3.48		
Work Experience (B)					
0-4 years	21	26.7	3.44		
5-10 years	35	26.2	3.56	0.29	.7492
11+ years	43	27.0	3.76		
Gender (D)					
Female	38	26.8	3.82	0.10	.7483
Male	61	26.6	3.50		
Interactions					
AxB				0.08	.9882
AxD				0.41	.6667
BxD				0.23	.7913
AxBXD				0.36	.5478

(continued)

Table 3 (Continued):

variables	n	M	s	F values	p levels
		Personal Recovery Versus Counselor Role			
Time in Recovery (A)					
0-4 years	8	42.9	4.58		
5-10 years	21	36.0	8.31	1.78	.1757
11+ years	70	38.1	8.67		
Work Experience (B)					
0-4 years	21	38.6	8.03		
5-10 years	35	36.9	7.99	0.08	.9230
11+ years	43	38.7	9.07		
Gender (D)					
Female	38	38.9	8.46	0.61	.4359
Male	61	37.5	8.45		
Interactions					
AxB				0.19	.9456
AxD				0.31	.7349
BxD				0.01	.9861
AxBxD				0.52	.4748

(continued)

Table 3 (Continued):

variables	n	M	s	F values	p levels
		Primary Mutual-Help Role Versus Counselor Role			
Time in Recovery (A)					
0-4 years	8	77.4	12.98		
5-10 years	21	67.4	11.65	0.77	.4657
11+ years	71	70.8	15.07		
Work Experience (B)					
0-4 years	21	70.6	13.61		
5-10 years	35	68.2	9.81	0.23	.7985
11+ years	44	72.6	17.41		
Gender (D)					
Female	39	75.0[a]	12.48	4.99	.0281
Male	61	67.9[b]	14.86		
Interactions					
AxB				0.39	.8185
AxD				0.49	.6135
BxD				0.04	.9597
AxBxD				0.07	.7963

(continued)

Table 3 (Continued):

variables	n	M	s	F values	p levels
			Total		
Time in Recovery (A)					
0-4 years	8	128.6	18.51		
5-10 years	21	112.7	19.45	0.96	.3881
11+ years	70	118.0	23.02		
Work Experience (B)					
0-4 years	21	117.4	20.19		
5-10 years	35	114.5	17.54	0.24	.7899
11+ years	43	120.6	26.13		
Gender (D)					
Female	38	123.6	21.56	3.85	.0531
Male	61	114.1	21.88		
Interactions					
AxB				0.22	.9239
AxD				0.62	.5411
BxD				0.05	.9556
AxBxD				0.03	.8609

* The larger the value, the greater the reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships.

** Each scale has the following possible scores and theoretical means: Counselor Discomfort subscale (5-35, 20); Opinion of Potential Dual Relationships subscale (19-133, 76); Effect on Counseling Relationships subscale (7-49, 28); Personal Recovery Versus Counselor Role subscale (12-84, 48); Primary Mutual-Help Role Versus Counselor Role subscale (18-126, 72); Total scale [Substance Abuse Counselor Multiple Role Scale (31-217, 124)].

[ab] The difference is statistically significant at the .0500 level according to the Bonferroni (Dunn) t test for means.

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One of the 42 p values was statistically significant at the .0500 level; therefore, the null hypothesis for this comparison was rejected. The statistically significant comparison was for the independent variable gender and the dependent variable Primary Mutual Help Role Versus Counselor Role. The results cited in Table 3 indicated female recovering substance abuse counselors had a statistically greater[1] mean Primary Mutual-Help Role Versus Counselor Role score than did their male counterparts.

It was hypothesized in composite null hypothesis number 3 that the differences among mean Substance Abuse Counselor Multiple Role Scale scores for recovering substance abuse counselors in Kansas according to length of time in recovery, amount of formal education, and gender would not be statistically significant. Information pertaining to composite null hypothesis number 3 was cited in Table 4. The following were presented in Table 4: variables, group sizes, means, standard deviations, F values, and p levels.

---

[1] greater reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships

Table 4: A Comparison of Mean Substance Abuse Counselor Multiple Role Scale Scores for Recovering Substance Abuse Counselors According to Length of Time in Recovery, Amount of Formal Education, and Gender Employing a Three-Way Analysis of Variance (General Linear Model)

Variables	n	M*	s	F values	p levels
		Counselor Discomfort**			
Time in Recovery (A)					
0-4 years	8	17.9[a]	3.48		
5-10 years	21	13.3[b]	3.57	4.43	.0150
11+ years	71	14.7	4.81		
Formal Education (C)					
High School or G.E.D.	20	12.5	3.76		
Associate's Degree	15	14.9	3.87		
Bachelor's Degree	34	14.3	4.75	0.60	.6154
Graduate Level Degree	31	16.3	4.75		
Gender (D)					
Female	39	15.4	4.24	1.05	.3089
Male	61	14.1	4.76		
Interactions					
AxC				0.75	.5862
AxD				0.15	.8614
CxD				0.41	.7440
AxCxD				2.58	.0820

(continued)

Table 4 (Continued):

variables	n	M	s	F values	p levels
		Opinion of Potential Dual Relationships			
Time in Recovery (A)					
0-4 years	8	81.4	10.25		
5-10 years	21	71.1	13.07	2.61	.0801
11+ years	71	74.0	14.37		
Formal Education (C)					
High School or G.E.D.	20	67.5	11.27		
Associate's Degree	15	71.5	17.30	0.53	.6635
Bachelor's Degree	34	74.4	12.74		
Graduate Level Degree	31	79.0	13.59		
Gender (D)					
Female	39	77.7	13.24	2.35	.1295
Male	61	71.6	13.95		
Interactions					
AxC				1.01	.4165
AxD				0.24	.7871
CxD				0.66	.5774
AxCxD				4.28	.0170

(continued)

Table 4 (Continued):

variables	n	M	s	F values	p levels
Effects on Counseling Relationships					
Time in Recovery (A)					
0-4 years	8	27.4	2.07		
5-10 years	21	26.3	4.48	0.50	.6102
11+ years	70	26.7	3.48		
Formal Education (C)					
High School or G.E.D.	20	25.8	2.95		
Associate's Degree	14	26.4	2.90	0.49	.6892
Bachelor's Degree	34	26.5	3.88		
Graduate Level Degree	31	27.5	3.95		
Gender (D)					
Female	38	26.8	3.82	2.08	.1533
Male	61	26.6	3.50		
Interactions					
AxC				0.64	.6678
AxD				1.15	.3206
CxD				1.35	.2626
AxCxD				10.93	.0001

(continued)

Table 4 (Continued):

variables	n	M	s	F values	p levels
Personal Recovery Versus Counselor Role					
Time in Recovery (A)					
0-4 years	8	42.9[a]	4.58		
5-10 years	21	36.0[b]	8.31	3.36	.0396
11+ years	70	38.1	8.67		
Formal Education (C)					
High School or G.E.D.	20	32.6	7.66		
Associate's Degree	14	37.9	6.35	1.54	.2112
Bachelor's Degree	34	38.6	8.36		
Graduate Level Degree	31	40.9	8.53		
Gender (D)					
Female	38	38.9	8.46	0.01	.9188
Male	61	37.5	8.45		
Interactions					
AxC				0.69	.6319
AxD				0.12	.8844
CxD				0.69	.5599
AxCxD				5.24	.0073

(continued)

Table 4 (Continued):

variables	n	M	s	F values	p levels
Primary Mutual-Help Role Versus Counselor Role					
Time in Recovery (A)					
0-4 years	8	77.4	12.98		
5-10 years	21	67.4	11.65	2.85	.0637
11+ years	71	70.8	15.07		
Formal Education (C)					
High School or G.E.D	20	65.2	11.70		
Associate's Degree	15	69.3	18.95	0.32	.8088
Bachelor's Degree	34	70.4	13.16		
Graduate Level Degree	31	75.2	13.88		
Gender (D)					
Female	39	75.0	12.48	3.32	.0722
Male	61	67.9	14.86		
Interactions					
AxC				1.33	.2588
AxD				0.75	.4740
CxD				0.41	.7491
AxCxD				1.29	.2818

(continued)

Table 4 (Continued):

variables	n	M	s	F values	p levels
		Total			
Time in Recovery (A)					
0-4 years	8	128.6	18.51		
5-10 years	21	112.7	19.45	2.89	.0612
11+ years	70	118.0	23.02		
Formal Education (C)					
High School or G.E.D.	20	106.9	18.62		
Associate's Degree	14	116.0	25.15	0.63	.5994
Bachelor's Degree	34	117.6	19.76		
Graduate Level Degree	31	125.7	23.03		
Gender (D)					
Female	38	123.6	21.56	2.73	.1025
Male	61	114.1	21.88		
Interactions					
AxC				1.03	.4065
AxD				0.65	.5262
CxD				0.69	.5596
AxCxD				3.27	.0431

* The larger the value, the greater the reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships.

** Each scale has the following possible scores and theoretical means: Counselor Discomfort subscale (5-35, 20); Opinion of Potential Dual Relationships subscale (19-133, 76); Effect on Counseling Relationships subscale (7-49, 28); Personal Recovery Versus Counselor Role subscale(12-84, 48); Primary Mutual-Help Role Versus Counselor Role subscale (18-126, 72); Total scale [Substance Abuse Counselor Multiple Role Scale (31-217, 124)].

[ab] The difference is statistically significant at the .0500 level according to the Bonferroni (Dunn) t test for means.

Six of the 42 p values were statistically significant at the .0500 level; therefore the null hypotheses for these comparisons were rejected. Two of the statistically significant comparisons were for main effects. The following main effects were statistically significant at the .0500 level:

1. the independent variable length of time in recovery and the dependent variable Counselor Discomfort, and
2. the independent variable length of time in recovery and the dependent variable Personal Recovery Versus Counselor Role.

The results cited in Table 4 indicated the following for main effects:

1. substance abuse counselors in recovery 0-4 years had a mean Counselor Discomfort score statistically greater[1] than those individuals who had been in recovery 5-10 years, and
2. substance abuse counselors in recovery 0-4 years had a mean Personal Recovery Versus Counselor Role score statistically greater[1] than those individuals who had been in recovery for 5-10 years.

---

[1] greater reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships

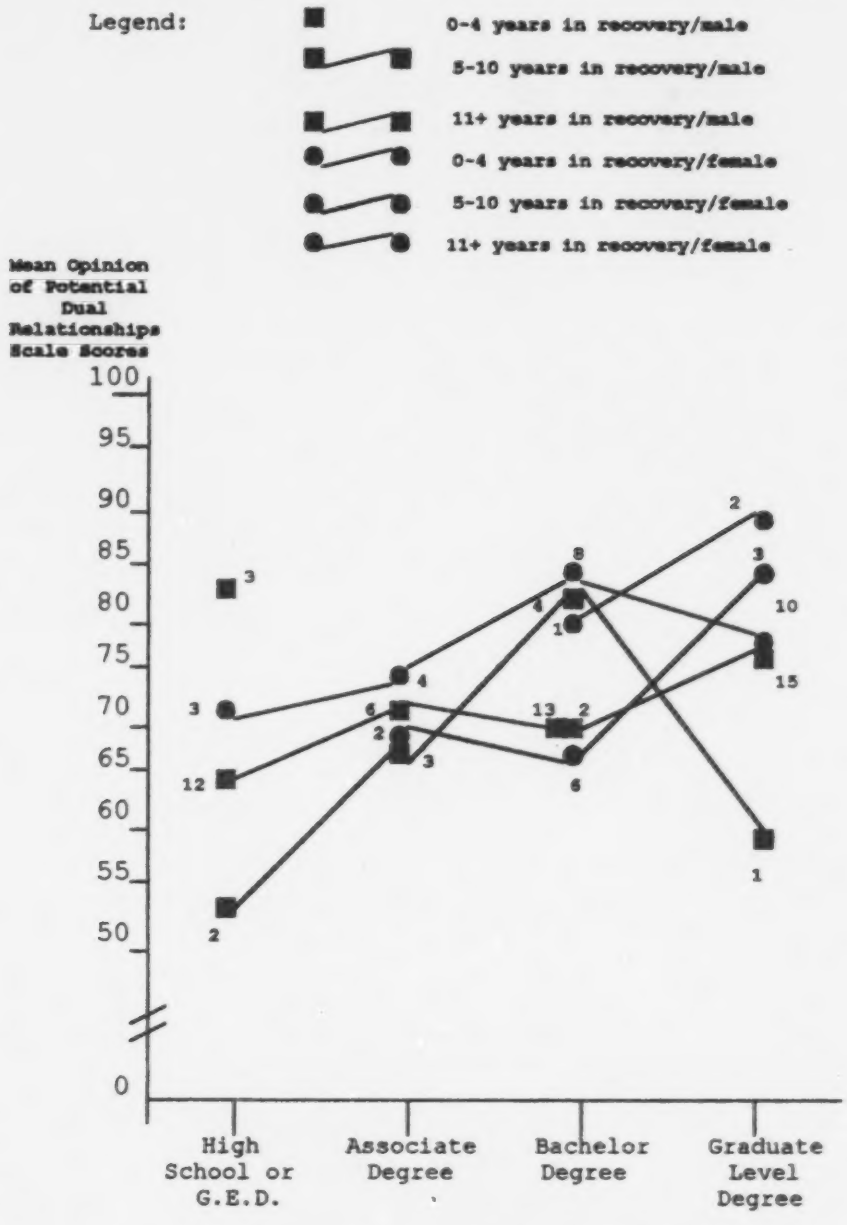
Four of the 6 statistically significant comparisons were for interactions. The following interactions were statistically significant:

1. the independent variables length of time in recovery, amount of formal education, and gender for the dependent variable Opinion of Potential Dual Relationships;
2. the independent variables length of time in recovery, amount of formal education, and gender for the dependent variable Effects on Counseling Relationships;
3. the independent variables length of time in recovery, amount of formal education, and gender for the dependent variable Personal Recovery Versus Counselor Role; and
4. the independent variables length of time in recovery, amount of formal education, and gender for the dependent variable Total score for the Substance Abuse Counselor Multiple Role Scale.

The interaction among the independent variables length of time in recovery, amount of formal education, and gender for the dependent variable Opinion of Potential Dual Relationships scale scores was depicted in a profile plot. Figure 1 contains mean Opinion of Potential Dual

Relationship scores and curves for length of time in recovery and gender.

Figure 1: The Interaction Among Length of Time in Recovery, Amount of Formal Education, and Gender for the Dependent Variable Opinion of Potential Dual Relationships



The interaction among length of time in recovery, amount of formal education, and gender for the dependent variable Opinion of Potential Dual Relationships was disordinal. The information cited in Figure 1 indicated the following:

1. female recovering substance abuse counselors who had been in recovery 0-4 years with graduate level degrees had numerically the greatest[1] mean Opinion of Potential Dual Relationships scale scores of any subgroups, and
2. male recovering substance abuse counselors in recovery 5-10 years with High School diplomas or G.E.D.s, and Graduate Level Degrees had numerically the smallest[1] mean Opinion of Potential Dual Relationships scores of any subgroups.

The interaction among independent variables length of time in recovery, amount of formal education, and gender for the dependent variable Effects on Counseling Relationships scale scores and curves for length of time in recovery and gender was depicted in a profile plot. Figure 2 contains mean Effects on Counseling Relationships scale scores and curves for length of time in recovery and gender.

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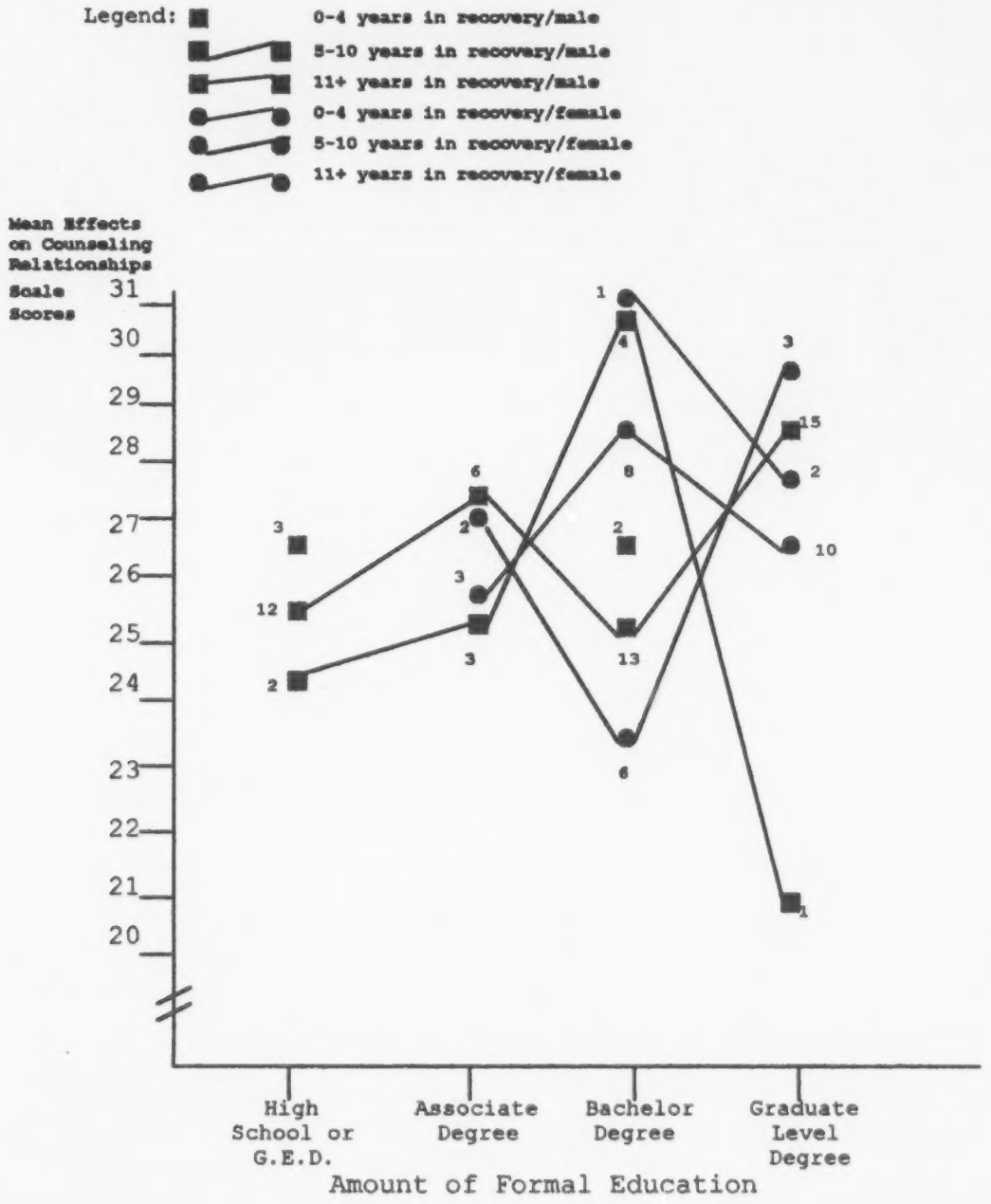
[1] reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships

Figure 2: The Interaction Among Length of Time in Recovery, Amount of Formal Education, and Gender for the Dependent Variable Effects on Counseling Relationships



The interaction among length of time in recovery, amount of formal education, and gender for the dependent variable Effect on Counseling Relationships was disordinal. The information cited in Figure 2 indicated the following:

1. female recovering substance abuse counselors in recovery 0-4 years with bachelor degrees and male substance abuse counselors in recovery 5-10 years with bachelor degrees had numerically the greatest[1] mean Effects on Counseling Relationships scores of any subgroups, and
2. male recovering substance abuse counselors in recovery 5-10 years with graduate level degrees have numerically the smallest[1] mean Effects on Counseling Relationships scores of any subgroups.

The interaction among length of time in recovery, amount of formal education, and gender for Personal Recovery Versus Counselor Role scale was depicted in a profile plot. Figure 3 contains mean Personal Recovery Versus Counselor Role scores and curves for length of time in recovery and gender.

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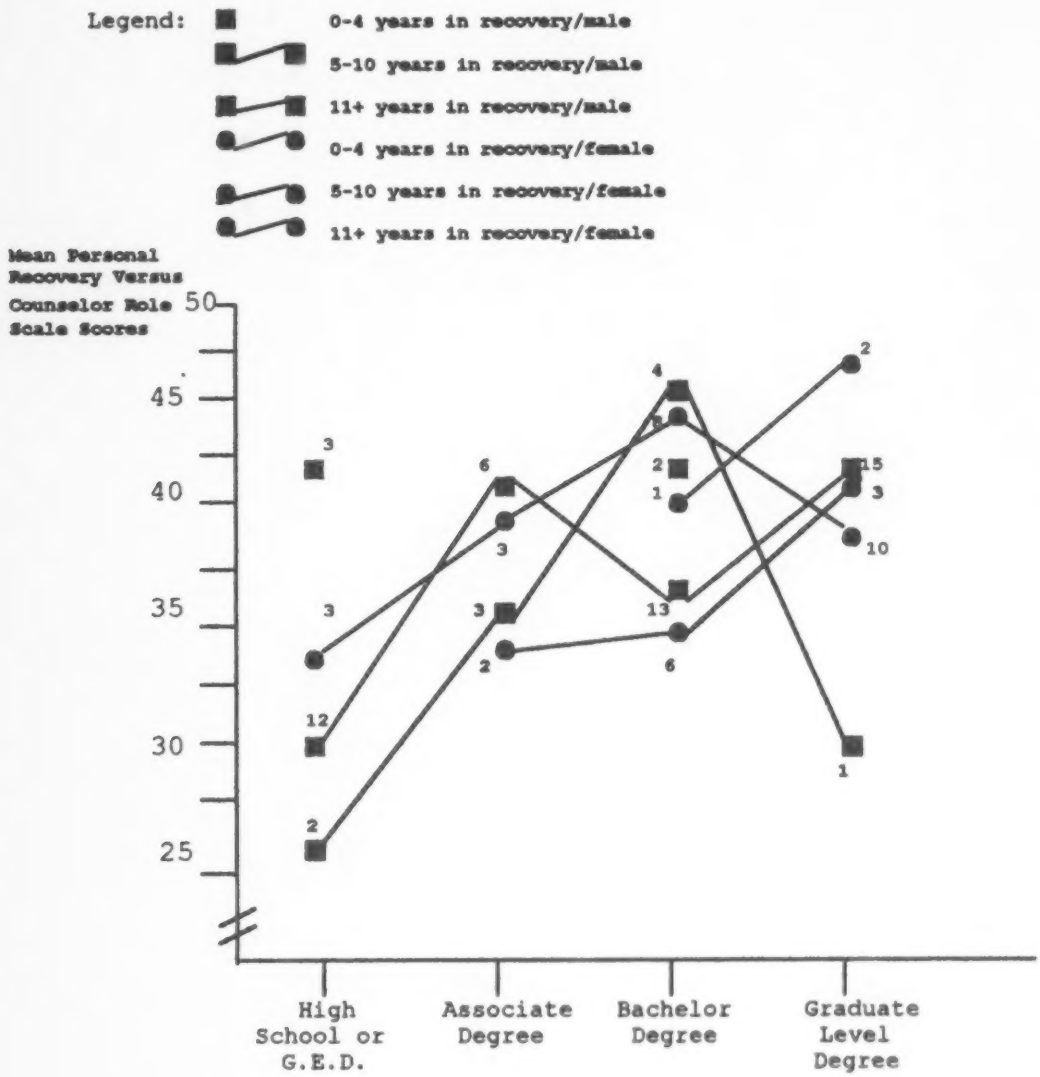
[1] **reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships**

Figure 3: The Interaction Among Length of Time in Recovery, Amount of Formal Education, and Gender for the Dependent Variable Personal Recovery Versus Counselor Role



The interaction among length of time in recovery, amount of formal education, and gender for the dependent variable Personal Recovery Versus Counselor Role was disordinal. The information cited in Figure 3 indicated the following:

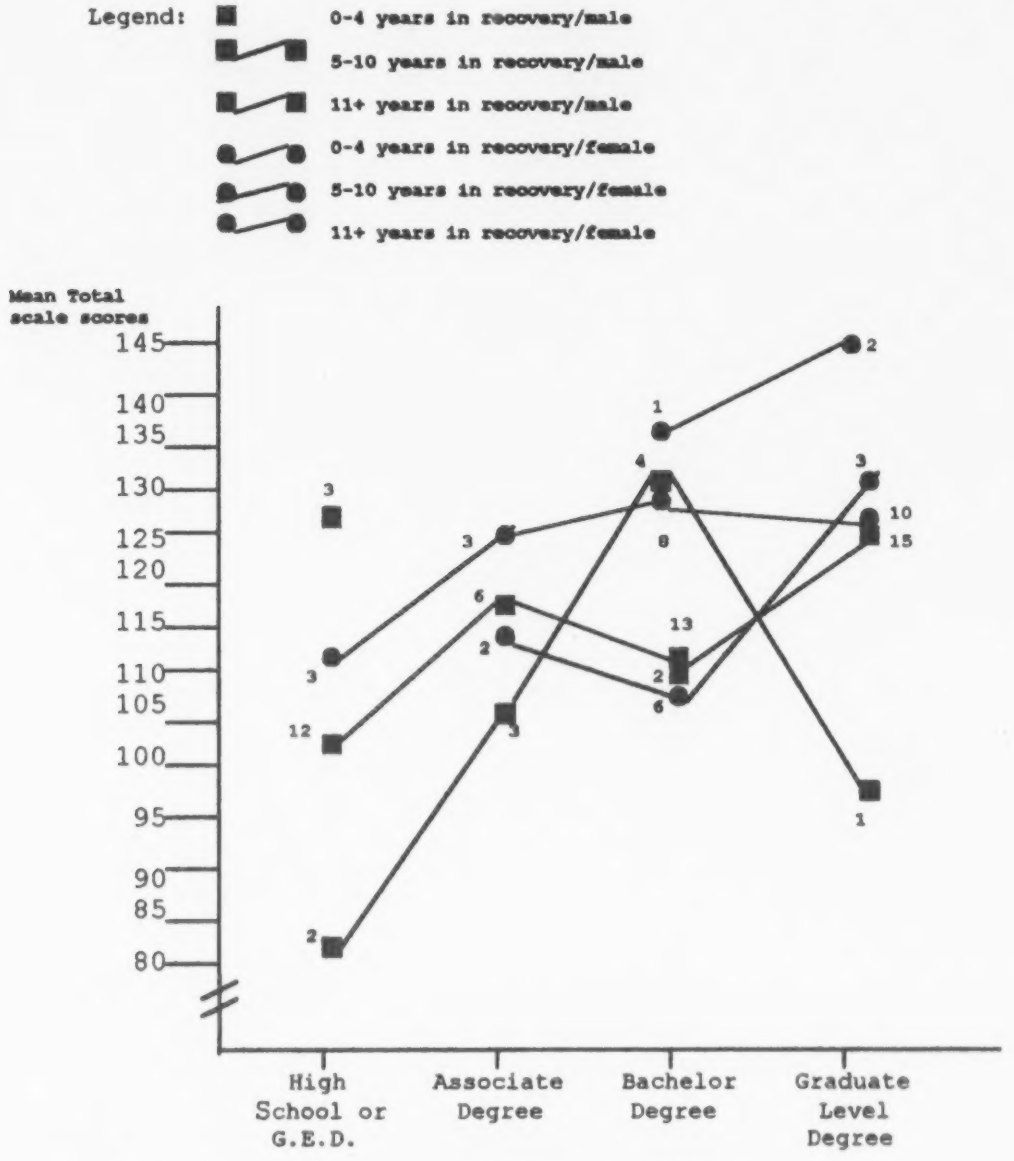
1. female recovering substance abuse counselors in recovery 0-4 years with graduate level degrees, male substance abuse counselors in recovery 5-10 years with bachelor degrees, and female substance abuse counselors in recovery 11+ years with bachelor degrees had numerically the greatest[1] mean Personal Recovery Versus Counselor Role scores of any subgroups, and
2. male recovering substance abuse counselors in recovery 5-10 years with High School diplomas or G.E.D.s had numerically the smallest[1] mean Personal Recovery Versus Counselor Role scores of any subgroups.

The interaction among length of time in recovery, amount of formal education, and gender for Total score of the Substance Abuse Counselor Multiple Role Scale was depicted in a profile plot. Figure 4 contains mean Total scores and curves for length of time in recovery and gender.

---

[1] reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships

Figure 4: The Interaction Among Length of Time in Recovery, Amount of Formal Education, and Gender for the Dependent Variable Opinion of Potential Dual Relationships



The interaction among length of time in recovery, amount of formal education, and gender for the dependent variable Total score was disordinal. The information cited in Figure 4 indicated the following:

1. female recovering substance abuse counselors in recovery 0-4 years with bachelor and graduate level degrees had numerically the greatest[1] mean Total scores of any subgroups, and
2. male recovering substance abuse counselors in recovery 5-10 years with high school diplomas or G.E.D.s, and graduate level degrees had numerically the smallest[1] mean Total scores of any subgroups.

It was hypothesized in composite null hypothesis number 4 that the differences among mean Substance Abuse Counselor Multiple Role Scale scores for recovering substance abuse counselors in Kansas according to length of time in field (amount of work experience), amount of formal education, and gender will not be statistically significant. Information pertaining to composite null hypothesis number 4 was cited in Table 5. The following were presented in Table 5: variables, group sizes, means, standard deviations, F values, and P levels.

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[1] reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships

Table 5: A Comparison of Mean Substance Abuse Counselor Multiple Role Scale Scores for Recovering Substance Abuse Counselors According to Length of Time in Field (Amount of Work Experience), Amount of Formal Education, and Gender Employing a Three-Way Analysis of Variance (General Linear Model)

Variables	n	M*	s	F values	p levels
		Counselor Discomfort**			
Work Experience (B)					
0-4 years	21	14.5	4.48		
5-10 years	35	14.6	3.66	0.16	.8562
11+ years	44	14.7	5.34		
Formal Education (C)					
High School or G.E.D.	20	12.5	3.76		
Associate's Degree	15	14.9	3.87	0.29	.8334
Bachelor's Degree	34	14.3	4.75		
Graduate Level Degree	31	16.3	4.75		
Gender (D)					
Female	39	15.4	4.24	2.57	.1133
Male	61	14.1	4.76		
Interactions					
BxC				1.11	.3615
BxD				1.50	.2289
CxD				0.69	.5593
BxCxD				2.77	.0234

(continued)

Table 5 (Continued):

variables	n	M	s	F values	p levels
		Opinion of Potential Dual Relationships			
Work Experience (B)					
0-4 years	21	74.1	13.58		
5-10 years	35	72.0	10.89	0.88	.4718
11+ years	44	75.5	16.19		
Formal Education (C)					
High School or G.E.D.	20	67.5	11.27		
Associate's Degree	15	71.5	17.30	0.70	.5555
Bachelor's Degree	34	74.4	12.74		
Graduate Level Degree	31	79.0	13.59		
Gender (D)					
Female	39	77.7[a]	13.95	4.99	.0283
Male	61	71.6[b]	13.24		
Interactions					
BxC				0.98	.4471
BxD				0.96	.3858
CxD				0.55	.6484
BxCxD				1.82	.1196

(continued)

Table 5 (Continued):

variables	n	M	s	F values	p levels
		Effects on Counseling Relationships			
Work Experience (B)					
0-4 years	21	26.7	3.44		
5-10 years	35	26.2	3.56	1.18	.3126
11+ years	43	27.0	3.76		
Formal Education (C)					
High School or G.E.D.	20	25.8	2.95		
Associate's Degree	14	26.4	2.90		
Bachelor's Degree	34	26.5	3.88	0.10	.9604
Graduate Level Degree	31	27.5	3.95		
Gender (D)					
Female	38	26.8	3.82		
Male	61	26.6	3.50	0.04	.8394
Interactions					
BxC				1.59	.1614
BxD				1.47	.2369
CxD				0.61	.6111
BxCxD				2.12	.0721

(continued)

Table 5 (Continued):

variables	n	M	s	F values	p levels
Personal Recovery Versus Counselor Role					
Work Experience (B)					
0-4 years	21	38.6	8.03		
5-10 years	35	36.9	7.99	0.70	.4997
11+ years	43	38.7	9.07		
Formal Education (C)					
High School or G.E.D.	20	32.6	7.66		
Associate's Degree	14	37.9	6.35	0.84	.4750
Bachelor's Degree	34	38.6	8.36		
Graduate Level Degree	31	40.9	8.53		
Gender (D)					
Female	38	38.9	8.46	0.54	.4642
Male	61	37.5	8.45		
Interactions					
BxC				2.11	.0621
BxD				0.87	.4246
CxD				1.04	.3800
BxCxD				2.11	.0738

(continued)

Table 5 (Continued):

variables	n	M	s	F values	p levels
Primary Mutual-Help Role Versus Counselor Role					
Work Experience (B)					
0-4 years	21	70.6	13.61		
5-10 years	35	68.2	9.81	1.32	.2739
11+ years	44	72.6	17.41		
Formal Education (C)					
High School or G.E.D.	20	65.2	11.70		
Associate's Degree	15	69.3	18.95	0.71	.5483
Bachelor's Degree	34	70.3	13.16		
Graduate Level Degree	31	75.2	13.88		
Gender (D)					
Female	39	75.0[a]	12.48	7.46	.0078
Male	61	67.9[b]	14.86		
Interactions					
BxC				0.60	.7283
BxD				1.07	.3493
CxD				0.50	.6860
BxCxD				1.30	.2714

(continued)

Table 5 (Continued):

variables	n	M	s	F values	p levels
		Total			
Work Experience (B)					
0-4 years	21	117.4	20.19		
5-10 years	35	114.5	17.54	1.14	.3240
11+ years	43	120.6	26.13		
Formal Education (C)					
High School or G.E.D.	20	106.9	18.62		
Associate's Degree	14	116.0	25.15	0.71	.5502
Bachelor's Degree	34	117.6	19.76		
Graduate Level Degree	31	125.7	23.03		
Gender (D)					
Female	38	123.6[a]	21.56	4.70	.0333
Male	61	114.1[b]	21.88		
Interactions					
BxC				0.98	.4476
BxD				1.07	.3468
CxD				0.66	.5766
BxCxD				1.92	.1007

* The larger the value, the greater the reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships.

** Each scale has the following possible scores and theoretical means: Counselor Discomfort subscale (5-35, 20); Opinion of Potential Dual Relationships subscale (19-133, 76); Effect on Counseling Relationships subscale (7-49, 28); Personal Recovery Versus Counselor Role subscale (12-84, 48); Primary Mutual-Help Role Versus Counselor Role subscale (18-126, 72); Total scale [Substance Abuse Counselor Multiple Role Scale (31-217, 124)].

[ab] The difference is statistically significant at the .0500 level according to the Bonferroni (Dunn) t test for means.

Four of the 42 p values were statistically significant at the .0500 level; therefore, the null hypotheses for these comparisons were rejected. Three of the statistically significant comparisons were for main effects. The following main effects were statistically significant at the .0500 level:

1. the independent variable gender and the dependent variable Opinion of Dual Relationships,
2. the independent variable gender and the dependent variable Primary Mutual-Help Role Versus Counselor Role (recurring, Table 3), and
3. the independent variable gender and the dependent variable Total[1].

Results cited in Table 5 indicated the following for main effects:

1. female recovering substance abuse counselors had a statistically greater[2] mean Opinion of Potential Dual Relationships score than did their male counterparts, and
2. female recovering substance abuse counselors had a statistically greater[2] mean Total[1] score than did their male counterparts.

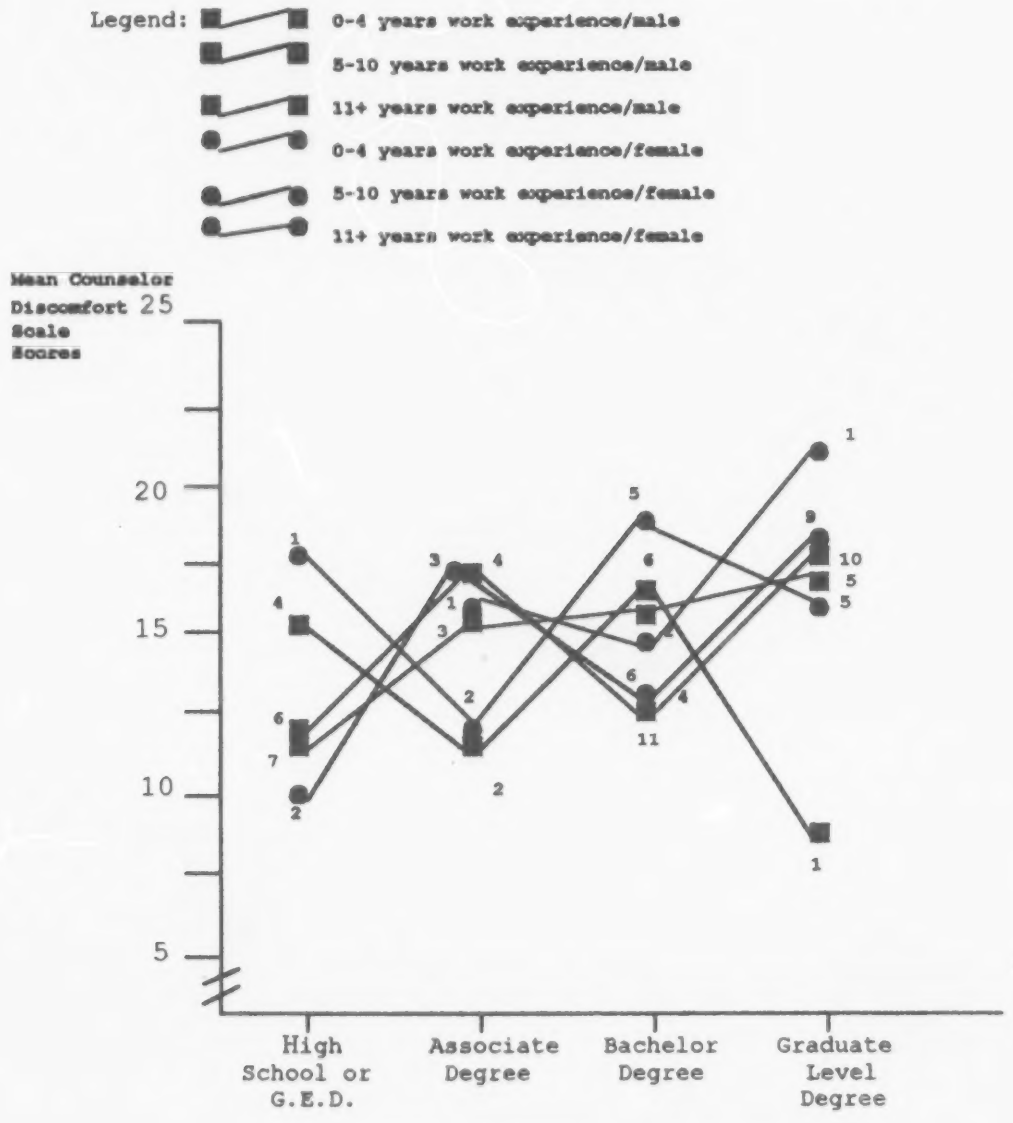
---

[1] Substance Abuse Counselor Multiple Role Scale (SACMRS)

[2] greater reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships

One of the four statistically significant comparisons was an interaction. The statistically significant interaction was among the independent variables length of time in field (amount of work experience), amount of formal education, and gender for the dependent variable Counselor Discomfort. The interaction among the independent variables length of time in field (amount of work experience), amount of formal education, and gender for the dependent variable Counselor Discomfort was depicted in a profile plot. Figure 5 contains mean Counselor Discomfort scores and curves for length of time in field (amount of work experience) and gender.

Figure 5: The Interaction Among Length of Time in Field (Amount of Work Experience), Amount of Formal Education, and Gender for the Dependent Variable Counselor Discomfort



The interaction among length of time in field (amount of work experience), amount of formal education, and gender for the dependent variable Counselor Discomfort was disordinal. The information cited in Figure 5 indicated the following:

1. female recovering substance abuse counselors with 0-4 years experience in the field of counseling with graduate level degrees had numerically the greatest[1] mean Counselor Discomfort scores of any subgroups, and
2. male recovering substance abuse counselors with 0-4 years experience in the field of counseling with graduate level degrees had numerically the smallest[1] mean Counselor Discomfort scores of any subgroups.

It was hypothesized in composite null hypothesis number 5 that the differences among mean Substance Abuse Counselor Multiple Role Scale scores for recovering substance abuse counselors in Kansas according to geographical location (community size), length of time in field (amount of work experience), and gender will not be statistically significant.

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[1] reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships

Information pertaining to composite null hypothesis number 5 was cited in Table 6. The following were presented in Table 6: variables, group sizes, means, standard deviations, *F* values, and *p* levels.

Table 6: A Comparison of Mean Substance Abuse Counselor Multiple Role Scale Scores for Recovering Substance Abuse Counselors According to Geographical Location (Size of Community), Length of Time in Field (Amount of Work Experience), and Gender Employing a Three-Way Analysis of Variance (General Linear Model)

Variables	n	M*	s	F values	p values
		Counselor Discomfort**			
Work Experience (B)					
0-4 years	21	14.5	4.48		
5-10 years	35	14.6	3.66	0.08	.9265
11+ years	44	14.7	5.34		
Gender (D)					
Female	39	15.4	4.24	1.03	.3120
Male	61	14.1	4.76		
Community Size (E)					
0-10,000	19	13.8	3.85		
10,000-100,000	39	15.3	4.85	0.76	.4692
100,000 +	42	14.4	4.66		
Interactions					
BxD				0.22	.7992
BxE				0.51	.7316
DxE				0.63	.5375
BxDxE				1.66	.1668

(continued)

Table 6 (Continued):

variables	n	M	s	F values	p values
		Opinion of Potential Dual Relationships			
Work Experience (B)					
0-4 years	21	74.1	13.58		
5-10 years	35	72.0	10.89	0.61	.5475
11+ years	44	75.5	16.19		
Gender (D)					
Female	39	77.7[a]	13.24	6.46	.0129
Male	61	71.6[b]	13.95		
Community Size (E)					
0-10,000	19	67.7	17.02		
10,000-100,000	39	76.4	12.63	1.49	.2310
100,000+	42	74.6	13.01		
Interactions					
BxD				0.16	.8500
BxE				0.75	.5613
DxE				1.23	.2979
BxDxE				2.22	.0740

(continued)

Table 6 (Continued):

variables	n	M	s	F values	p values
		Effects on Counseling Relationships			
Work Experience (B)					
0-4 years	21	26.7	3.44		
5-10 years	35	26.2	3.56	0.65	.5223
11+ years	43	27.0	3.76		
Gender (D)					
Female	38	26.8	3.82	0.26	.6090
Male	61	26.6	3.50		
Community Size (E)					
0-10,000	19	27.4	4.00		
10,000-100,000	39	26.7	3.40	0.70	.4986
100,000+	41	26.2	3.64		
Interactions					
BxD				0.11	.9003
BxE				0.17	.9507
DxE				0.31	.7363
BxDxE				1.00	.4144

(continued)

Table 6 (Continued):

variables	n	M	s	F values	p levels
		Personal Recovery Versus Counselor Role			
Work Experience (B)					
0-4 years	21	38.6	8.03		
5-10 years	35	36.9	7.99	0.39	.6799
11+ years	43	38.7	9.07		
Gender (D)					
Female	38	38.9	8.46	0.18	.6695
Male	61	37.5	8.45		
Community Size (E)					
0-10,000	19	38.1	7.37		
10,000-100,000	39	38.8	8.70	0.61	.5466
100,000+	41	37.2	8.78		
Interactions					
BxD				0.08	.9257
BxE				0.63	.6392
DxE				0.15	.8605
BxDxE				2.08	.0908

(continued)

Table 6 (Continued):

variables	n	M	s	F values	p levels
Primary Mutual-Help Role Versus Counselor Role					
Work Experience (B)					
0-4 years	21	70.6	13.61		
5-10 years	35	68.2	9.81	0.58	.5612
11+ years	44	72.6	17.41		
Gender (D)					
Female	39	75.0[a]	12.48	9.38	.0030
Male	61	67.9[b]	14.86		
Community Size (E)					
0-10,000	19	62.5	17.68		
10,000-100,000	39	72.6	12.70	1.35	.2644
100,000+	42	72.5	13.12		
Interactions					
BxD				0.20	.8172
BxE				0.72	.5821
DxE				2.60	.0805
BxDxE				1.96	.1078

(continued)

Table 6 (Continued):

variables	n	M	s	F values	p levels
		Total			
Work Experience (B)					
0-4 years	21	117.4	20.19		
5-10 years	35	114.5	17.54	0.45	.6374
11+ years	43	120.6	26.13		
Gender (D)					
Female	38	123.6[a]	21.56	5.77	.0186
Male	61	114.1[b]	21.88		
Community Size (E)					
0-10,000	19	108.7	24.69		
10,000-100,000	39	120.6	20.77	0.90	.4125
100,000+	41	119.2	21.61		
Interactions					
BxD				0.18	.8369
BxE				0.57	.6846
DxE				1.67	.1941
BxDxE				2.11	.0873

* The larger the value, the greater the reported awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships.

** Each scale has the following possible scores and theoretical means: Counselor Discomfort subscale (5-35, 20); Opinion of Potential Dual Relationships subscale (19-133, 76); Effect on Counseling Relationships subscale (7-49, 28); Personal Recovery Versus Counselor Role subscale (12-84, 48); Primary Mutual-Help Role Versus Counselor Role subscale (18-126,72); Total scale [Substance Abuse Counselor Multiple Role Scale (31-217, 124)].

[ab] The difference is statistically significant at the .0500 level according to the Bonferroni (Dunn) t test for means.

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Three of the 42 p values were statistically significant at the .0500 level; therefore the null hypotheses for these comparisons were rejected. The following main effects were statistically significant at the .0500 level:

1. The independent variable gender for the dependent variable Opinion of Dual Relationship (recurring, Table 5),
2. The independent variable gender for the dependent variable Primary Mutual-Help Role Versus Counselor Role (recurring Table 3), and
3. The independent variable gender for the dependent variable Total[2] (recurring Table 5).

The results cited in Table 6 indicated no additional significant associations between independent and dependent variables.

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[2] Substance Abuse Counselor Multiple Role Scale (SACMRS)

Discussion

Summary

The purpose of the researcher was to investigate opinions of recovering substance abuse counselors concerning unique dual relationships. The independent variables were length of time in recovery, length of time in field (amount of work experience), amount of formal education, gender, and geographical location (size of community). The dependent variables were scores from the following subscales of the Substance Abuse Counselor Multiple Role Scale:

1. Counselor Discomfort subscale;
2. Opinion of Potential Dual Relationships subscale;
3. Effects on Counseling Relationships subscale;
4. Personal Recovery Versus Counselor Role subscale;
5. Primary Mutual-Help Role Versus Counselor Role subscale; and
6. Total Scale (Substance Abuse Counselor Multiple Role Scale).

The sample consisted of 100 individuals. Five composite null hypotheses were tested employing a three-way analysis of variance (general linear model) at the .0500 level.

A total of 108 comparisons were made, plus 102 recurring comparisons. Of the 108 comparisons, 30 were for

main effects and 78 for interactions. Of the 30 main effects, 5 were statistically significant at the .0500 level. The following main effects were statistically significant:

1. the independent variable gender and the dependent variable Primary Mutual-Help Role Versus Counselor Role,
2. the independent variable length of time in recovery and the dependent variable Counselor Discomfort,
3. the independent variable length of time in recovery and the dependent variable Personal Recovery Versus Counselor Role,
4. the independent variable gender and the dependent variable Opinion of Dual Relationships, and
5. the independent variable gender and the dependent variable Total[1].

The results of the present study indicated the following for main effects:

1. female recovering substance abuse counselors had a statistically greater[2] mean Primary Mutual-Help Role

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[1] Substance Abuse Counselor Multiple Role Scale (SACMRS)

[2] greater reported awareness of, sensitivity toward, difficulty with and/or observation of unique dual relationships

Versus Counselor Role score than their male counterparts,

2. substance abuse counselors in recovery 0-4 years had a mean Counselor Discomfort score statistically greater[2] than their counterparts who had been in recovery 5-10 years,
3. substance abuse counselors in recovery 0-4 years had a statistically greater[2] mean Personal Recovery Versus Counselor Role score than did their counterparts who had been in recovery 5-10 years,
4. female recovering substance abuse counselors had a statistically greater[2] mean score for Opinion of Potential Dual Relationships than did their male counterparts, and
5. female recovering substance abuse counselors had a statistically greater[2] mean score for Total[1] than did their male counterparts.

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[1] **Substance Abuse Counselor Multiple Role Scale (SACMRS)**

[2] **greater reported awareness of, sensitivity toward, difficulty with and/or observation of unique dual relationships**

Of the 78 interactions, 5 were statistically significant at the .0500 level. The following interactions were statistically significant:

1. the independent variables length of time in recovery, amount of formal education, and gender for the dependent variable Opinion of Potential Dual Relationships;
2. the independent variables length of time in recovery, amount of formal education, and gender for the dependent variable Effects on Counseling Relationships;
3. the independent variables length of time in recovery, amount of formal education, and gender for the dependent variable Personal Recovery Versus Counselor Role;
4. the independent variables length of time in recovery, amount of formal education, and gender for the dependent variable Total[1] score; and
5. the independent variables length of time in the field (amount of work experience), amount of formal education, and gender for the dependent variable Counselor Discomfort.

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[1] **Substance Abuse Counselor Multiple Role Scale (SACMRS)**

Related Literature Pertaining to the Results of the Present Study

The results of the present study supported much of the previous literature cited. Clarkson (1994) suggested that it is impractical for most mental health professionals to avoid all situations in which multiple roles exist. The results of the present study indicated that most recovering substance abuse counselors did not avoid all dual relationships. Alternatively, the recovering substance abuse counselor appeared to be aware, sensitive, and observant of the existence of dual relationships as they occur. Welfel & Lipsitz (1984) stated that much of the research conducted to date is marred by instrument weakness. That may also be the case in the present study. The results of the present study supported the findings of a survey previously conducted by Pope, Tabachnick, & Keith-Spiegel (1987). These researchers found that psychologists reported they would more likely be involved in activities with their clients outside the therapeutic session if these activities were associated with friendship or a non-sexual social relationship, rather than a sexual or financial relationship. In other words, there is general consensus among therapists that non-exploitive dual relationships are less harmful than potentially explotive dual relationships.

Similarly, the results of the present study supported the findings of Horst (1989) regarding therapists' differentiation between true dual (i.e., harmful, conflictual) relationships and overlapping relationships which are less harmful. The results of the present study also supported previous research conducted by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) which revealed that 52% of respondents categorized themselves as being in recovery from substance dependency. The present study indicated that 59% of the respondents were in recovery from substance abuse, dependency, or both.

Researcher's Opinion Pertaining to the Results of the Present Study

The results of this study appeared to contain evidence which indicated recovering substance abuse counselors who are female were more aware of, sensitive toward, observant of, and have more difficulty with dual relationship issues. This may be because females, more often than males, are exploited when boundaries are breached in intimate relationships. Females may also be more aware of, sensitive toward, and/or observant of dual relationship issues than males by virtue of their gender, and the characteristics thereof.

An interesting occurrence, in the opinion of the present researcher, was exhibited in the results of the present study. The results indicated that some recovering substance abuse counselors with advanced degrees had less awareness of, sensitivity toward, difficulty with, or observed less dual relationship issues than recovering substance abuse counselors with less advanced degrees. This may have been an anomaly of the study, which was caused by a lack of sufficient information collecting on the part of the present researcher. It was possible that some members of K.A.D.A.C.A. who were practicing counselors may have had degrees in disciplines other than counseling.

The results of the present study indicated that there were significant effects among levels of the variables length of time in recovery, length of time in field (amount of work experience), and amount of formal education in relation to awareness of, sensitivity toward, difficulty with, or observation of dual relationship issues when these variables were considered concurrently with gender. This evidence would appear to be valid, as much can be learned from experiential involvement in counseling practice. This is supportive evidence for the use of practicum experience in the process of obtaining advanced degrees in counseling.

This research has produced evidence that the term "dual relationship is not an event, or an occurrence. Rather, a "dual relationship" may be thought of as a concept. This idea is supported by the use of several phrases (i.e., awareness, sensitivity, difficulty, and observation) by the present researcher to describe the evaluation of counselors' beliefs regarding this phenomena. The concept of dual relationships is contextual. That is, when one speaks of dual relationships, many factors may be involved in the evaluation of the concept. The evaluation or study is more meaningfully framed in reference to the meaning or to the perception of the reality of the experience as it pertains to the observer.

Generalizations

The results of the present study appeared to support the following generalizations:

1. female recovering substance abuse counselors have more awareness of, sensitivity toward, difficulty with, and/or observation of unique dual relationships for Primary Mutual-Help Role Versus Counselor Role scores than do their male counterparts,
2. substance abuse counselors in recovery 0-4 years have more awareness of, sensitivity toward,

difficulty with, and/or observation of unique dual relationships for Counselor Discomfort scores than do their counterparts with 5-10 years of recovery,

3. length of time in recovery, amount of formal education, and gender should be interpreted concurrently for Opinion of Potential Dual Relationships,
4. length of time in recovery, amount of formal education, and gender should be interpreted concurrently for Effects on Counseling Relationships,
5. length of time in recovery, amount of formal education, and gender should be interpreted concurrently for Personal Recovery Versus Counselor Role,
6. length of time in recovery, amount of formal education, and gender should be interpreted concurrently for Total score of the Substance Abuse Counselor Multiple Role Scale (SACMRS),
7. length of time in field (amount of work experience), amount of formal education and gender should be interpreted concurrently for Counselor Discomfort, and

8. There is no association between the geographical location (community size) of recovering substance abuse counselors and their beliefs about unique dual relationships.

Implications

Results of this study supported the trend toward increased education for counselors in substance abuse counseling as well as in other sub-specialties of counseling. Education involving ethics courses has been shown to increase attitudinal changes (Coll, 1993). Clarkson (1994) suggested that educators and trainers are being unfair and unkind when they mandate that their students and trainees abstain from all intentional or unintentional boundary disturbances. Instead, Clarkson advises that students and trainees might be better served if they were taught to be aware, to posses the correct attitudes, and to develop the skills necessary to manage dual relationships when they arise. The results of the present research would support these viewpoints.

The results of the present research support the requirements of most certifying and licensing agencies in the field of counseling. Most of these agencies and associations require a certain length of time in the field before an individual may be certified or licensed. The

amount of time a recovering individual has worked in the field is usually indicative of the minimum length of time in recovery, although this is not always the case.

The results of the present research suggested to supervisors and employers that there is a difference in the opinions of male and female therapists concerning dual relationships. In other words, males and females may view dual relationships from different perspectives or have differing attitudes toward dual relationships. The results of the present research also indicated that employers and supervisors might consider the differing viewpoints concerning dual relationships among individuals with different levels of education.

Recommendations

The present study has a number of possible inherent flaws. The sample size was relatively small, and the sample was selected from a rural mid-western state. The study involved a small sub-discipline of counselors. All of the individuals in the sample were members of a professional organization. The instrument that was constructed for this study could be improved. Certain items in the instrument did not correlate well with the Total scale and with individual subscales. Refer to the appendix section for information on correlation. The items which did not

correlate at the .0500 level with Total score were deleted and the statistical analysis was repeated (appendix M). The present researcher failed to include information regarding specific advanced degrees held by counselors in the demographic questionnaire. This information could improve the effectiveness of future studies and increase the usefulness of this line of research.

The concept that was identified by the results of the present research could be examined in greater detail. Further research is needed concerning opinions about dual relationships among counselors who are in recovery. This line of research could possibly unravel some of the implications of the three-way interactions that were discovered by the present researcher.

The results of the present study appear to support the following recommendations:

1. the study could be replicated in other geographical areas (e.g., states other than Kansas, or nationwide);
2. other studies might be conducted using counselors in other disciplines as subjects;
3. focus groups (i.e. random subgroups of the present or other samples) could be formed in a replicated study, the individuals could be interviewed,

providing information regarding the construct validity of this instrument;

4. replications of the present study might be conducted with a larger sample, as suggested in number 1. This would possibly provide more complete cells in the data analysis and more numbers of individuals per cell in the study, therefore giving more accurate results;
5. studies of reliability and validity could be continued in future studies, providing additional information relative to the quality of the instrument; and
6. the demographic survey could be modified in future studies to include information regarding the specific disciplines in which counselors hold formal academic degrees.

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Appendix A

Letters to Subjects and Colleagues

Mr./Ms. John/Jane Doe
555 Anywhere Lane
Anytown, USA

Esteemed Colleague,

My name is Les Powell. I am a substance abuse counselor certified by Alcohol and Drug Abuse Services (ADAS) in the State of Kansas, I am a member of the Kansas Alcohol and Drug Abuse Counselor's Association (KADACA), and I am also enrolled in graduate school at Fort Hays State University. I hope to complete my Master of Science Degree with a specialty in substance abuse counseling next spring. To be successful in this endeavor, I am asking for your help.

One of the requirements for the degree I am seeking is the completion of a thesis. I have chosen to do a status survey of certified substance abuse counselors in the state of Kansas. I am asking you to help by becoming a subject for this study. Please complete the enclosed questionnaires and return them to me in the stamped, self addressed envelope which I have provided.

Your name was chosen from the membership directories of the organizations listed above. Your participation in this research project is totally voluntary. Any individual information which you share by filling out the enclosed questionnaires will be used for statistical purposes only and will be held in strict confidence. There is no identifying information on the questionnaires, hence your response is anonymous. Instructions for completing the questionnaires are found at the beginning of each questionnaire.

If you would like to receive a brief summation of this research at its completion, simply fill out the enclosed postcard with your name and address, and mail it separately from the envelope containing the questionnaires. At the completion of the study, I will mail abstracts to all of those who requested copies. I would like to take this time to thank you in advance for helping with this project. It is through cooperation of this sort that advancements are made in the field of substance abuse research. If you have questions or comments, feel free to write me at the address below.

Sincerely,

Les Powell
Dept. of Administration, Counseling, and Educational Studies
Fort Hays State University
600 Park Street
Hays, KS. 67601

Dr. John Doe
Dept of Counseling
Any University
Anytown, USA

Esteemed colleague,

I am designing an instrument for use as a status survey in a thesis that I am preparing. The name of my thesis is Beliefs About Unique Dual Relationships Among Recovering Substance Abuse Counselors in Rural and Urban Settings. I need your help in the evaluation of the items in the questionnaire.

There are, at this point in time, 50 items in the item pool that I have created. I would like to choose 20-30 of the best items for use in the status survey. The title of the instrument will be Beliefs of Substance Abuse Counselors Scale. I would like your help in determining which items are the most useful for this purpose.

I have produced five possible subscales which are listed at the top of the first page of the item pool. I have placed the numbers of the corresponding subscale(s) which I believe the item might be placed in the margin to the left of the item.

I am asking you to contemplate these subscales in relationship to the individual items, and indicate which choice(s) best fit the items. If you perceive the need for other subscale(s) or item(s), please feel free to indicate this in the margins or on the back of the pages. I would also like you to indicate, beside each item, if you believe the item to be good, fair, or poor. Any other comments or feedback would be welcome, and can be written on the back of the pages. Your assistance in the development of this scale is surely appreciated and you will be mentioned in the acknowledgment section of the thesis. Thank you for your time and cooperation.

Sincerely,

Les Powell
P.O. Box 729
Sublette, KS.
67877-0729

Appendix B

Demographic Questionnaire

DEMOGRAPHIC QUESTIONNAIRE

Please answer the following questions as completely as possible. In order for your response to be used you must answer all questions with one response per question. The first demographic question is on this page. All other demographic questions are on the next two pages.

1. Are you in recovery from addictive disease?

☐ Yes ☐ No

Please Read This:

If your answer to the first question was no, read this:

If your answer to this first question was no, then please STOP at this point, and mail in the demographic questionnaire in the pre-stamped, pre-addressed envelope. Your response is still a part of this study, and it is very important that you return the demographic questionnaire. If you would like an abstract of this study at its completion, please return the pre-stamped, pre-addressed post card with your name and address. Thank you for your time and cooperation.

If you answer to the first question was yes, read this:

If your answer to this first question was yes, then please continue and complete the remainder of the Demographic Questionnaire on the next page, as well as the status survey that is included. Then, please return both questionnaires in the pre-stamped, pre-addressed envelope that is provided. If you would like an abstract of this study at its completion, please return the pre-stamped, pre-addressed post card with your name and address. Thank you for your time and cooperation.

Demographic Questionnaire-Part 2

2. Please check the appropriate box: ☐ Female ☐ Male

3. Please indicate the length of your uninterrupted sobriety:
☐ 0-1 yr ☐ 2-4 yrs ☐ 5-7yrs ☐ 8-10 yrs ☐ 11-13yrs ☐ 14-15 yrs ☐ 15+ yrs

4. Please indicate the number of self-help meetings you attend per week:
☐ none ☐ 1-2 ☐ 3-5 ☐ 6-8 ☐ 9+

5. Please indicate the type of self-help meetings you attend:
☐ I do not attend self-help meetings ☐ Alcoholics Anonymous
☐ Narcotics Anonymous ☐ Cocaine Anonymous
☐ Rational Recovery ☐ More than one type
☐ Other (please specify)_____

6. Please indicate length of time you have been a substance abuse counselor:
☐ 0-1 yr ☐ 2-4 yrs ☐ 5-7 yrs ☐ 8-10 yrs ☐ 11-13 yrs ☐ 14-15 yrs ☐ 15+ yrs

7. Please indicate your educational level below:
☐ High School Diploma or G.E.D. ☐ Associate's Degree
☐ Bachelor's Degree ☐ Graduate Level Degree

8. The city that I attend self-help meetings in has a population of:
☐ less than 5,000 ☐ 5,000-10,000
☐ 10,000-100,000 ☐ 100,000+

9. The distance to the nearest self-help meeting other than my home group is:
☐ 0-10 miles ☐ 10-20 miles
☐ 20-30 miles ☐ 30-40 miles
☐ 40-50 miles ☐ 50+ miles

Appendix C

The Substance Abuse Counselor

Multiple Role Scale

Item Pool

Item Pool for Substance Abuse Counselor
Multiple Role Scale

Please place a (1), (2), (3), (4), or (5) in front of the item number. These numbers will denote the possible sub-scale that the item may be placed. All questions will be Likert or Likert-type.

(1). Dual Relationship
(2). Counselor Discomfort
(3). Effect on Relationship
(4). Personal Recovery Versus Counselor Role
(5). Primary Self-Help Role Versus Counselor Role

1. It is appropriate for me to attend self-help meetings if my present clients are also attending the same meetings.

2. It is appropriate for me to attend self-help meetings if my past clients are attending.

3. It is appropriate for me to share my personal experiences in a self-help meeting where my present clients are in attendance.

4. It is appropriate for me to share my personal experiences in a self-help meeting where my past clients are present.

5. I believe that when anyone, anywhere, reaches out for help, I want the hand of A.A. always to be there, and for that: I am responsible.

6. It is appropriate for me to serve as a sponsor to a recovering person of the same sex if that person is a present client of mine.

7. It is appropriate for me to serve as a sponsor to a recovering person of the same sex if that person is a past client of mine.

8. It is appropriate for me to serve as a sponsor to a recovering person of the opposite sex if that person is a past client of mine.

9. It is appropriate for me to serve as a sponsor to a recovering person of the opposite sex if that person is a present client of mine.

10. If I know that my current client(s) will be at a self-help meeting, it is my responsibility to avoid the meeting, if there is another meeting available for me.

11. If I know that my client(s) will be at a self-help meeting, it is my responsibility to avoid the meeting, even if there is not another meeting available for me.

12. If I know that my client(s) will be attending a self-help meeting, it is my responsibility to go to the meeting and share my experience, strength, and hope.

13. I feel discomfort in a self-help meeting if my present clients are attending.

14. I feel discomfort in a self-help meeting if my past clients are attending.

15. I feel concern/stress/fear in a self-help meeting if my present clients are attending.

16. I feel concern/stress/fear in a self-help meeting if my past clients are attending.

17. I feel concern/stress/fear if I do not attend my regular number of self-help meetings each week.

18. I feel discomfort if I do not attend my regular number of self-help meetings each week.

19. I feel disappointment towards my clients if their presence prevents me from attending my regular self-help meetings.

20. I avoid self-help meetings where current clients will be attending.

21. I avoid self-help meetings where past clients will be attending.

22. I believe sharing my personal past experiences at a self-help meeting where my current clients are attending benefits the counseling experience of the client.

23. I believe sharing my personal past experiences at a self-help meeting where my current clients are attending is detrimental to the counseling relationship between my client and I.

24. I go to a self-help meeting that my clients will be attending to discover new information about the clients that would benefit the client's counseling experience.

25. If I share my personal present experiences at a self-help meeting where current clients are attending, it is beneficial to the counseling experience of the client.

26. If I share my past personal experiences at a self-help meeting where current clients are attending, I feel closer to my clients.

27. If I share my past personal experiences at a self-help meeting where current clients are attending, I believe my clients feel closer to me.

28. If I share my present personal experiences at a self-help meeting where my current clients are attending, I believe my clients feel closer to me.

29. If I share my present personal experiences at a self-help meeting where my current clients are attending, I feel closer to the clients.

30. If I share my past personal experiences at a self-help meeting where my past clients are attending, I feel closer to my clients.

31. If I share my past personal experiences at a self-help meeting where my past clients are attending, I believe the clients feel closer to me.

32. If I share my present personal experiences at a self-help meeting where my past clients are attending, I believe it makes the clients feel closer to me.

33. It is appropriate for me, as a member of a self-help group, to meet with present clients after hours to discuss problems they are having.

34. It is appropriate for me to disclose more past information about myself at a self-help meeting where my present clients are in attendance than in the counseling session.

35. It is appropriate for me to disclose more present information about myself at a self-help meeting where my present client(s) are in attendance than in the counseling session.

36. If I share my present personal information at a self-help meeting when my current client(s) are in attendance, it would detract from the clients' counseling experience.

37. If I share present personal information at a self-help meeting where my clients are in attendance, a dual relationship is the result.

38. If I share my past personal information at a self-help meeting where my present clients are in attendance, a dual relationship is the result.

39. If I share present personal information at a self-help meeting where my past clients are in attendance, a dual relationship is the result.

40. If I share past personal information at a self-help meeting where my past clients are in attendance, a dual relationship is the result.

41. Dual relationships are beneficial to the client's counseling experience.

42. Dual relationships detract from the client's counseling experience.

43. Non-sexual dual relationships are beneficial to the client's counseling experience.

44. Non-sexual dual relationships are detrimental to the client's counseling experience.

45. It is appropriate to give my home phone number to clients.

46. It is appropriate for me to drink coffee in a public place with clients after a self-help meeting.

47. If I know that my past client(s) attend a self-help meeting, it is my responsibility to avoid the meeting, if there is another meeting available for me.

48. If I know that my past client(s) will be at a self-help meeting, it is my responsibility to avoid the meeting, even if there is not another meeting available for me.

49. If I know that my past client(s) will be attending a self-help meeting, it is my responsibility to go to the meeting and share my experience, strength, and hope.

50. My individual sobriety comes before my client's needs.

Appendix D

Substance Abuse Counselor

Multiple Role Scale

Substance Abuse Counselor
Multiple Role Scale

Please respond to each item by circling the number that most closely describes your beliefs, feelings, and attitudes as a recovering person and as a substance abuse counselor. The responses may range from 1-never to 7-always. There are no correct responses. Please do not skip any items. Thank you for your help with this project. Example:

1. I am a happy person.

ALWAYS						NEVER
7	6	5	4	3	2	1

1. My responsibilities as a member of a self-help organization conflict with my responsibilities as a professional counselor.

7	6	5	4	3	2	1

2. It is appropriate for me to share my personal experiences in a self-help meeting where my client(s) is/are in attendance.

7	6	5	4	3	2	1

3. My involvement with my client(s) in both self-help activities and a professional counseling relationship, causes me to experience role confusion.

7	6	5	4	3	2	1

4. It is appropriate for me to serve as a sponsor to a recovering person if that person is a client of mine.

7	6	5	4	3	2	1

5. When my client(s) is/are present at a self-help meeting which I am attending, the benefits I receive from that meeting are diminished.

7	6	5	4	3	2	1

6. I would refer a client to another professional counselor if I learned that the client was a member of my self-help group.

7	6	5	4	3	2	1

7. I believe sharing my personal experiences at a self-help meeting where my client(s) is/are attending benefits the client-counselor relationship.

7	6	5	4	3	2	1

8. If alternate self-help meetings are available, it is my responsibility to avoid a meeting, where my client(s) may be attending.

7	6	5	4	3	2	1

9. Even if alternative self-help meetings are not available for me, it is my responsibility to avoid a meeting, where my client(s) may be attending.

7	6	5	4	3	2	1

10. Even though my client(s) will be attending a self-help meeting, it is my responsibility to go to the meeting and share my experience, strength, and hope.

7	6	5	4	3	2	1

11. I feel discomfort in a self-help meeting if my client(s) is/are attending.

7	6	5	4	3	2	1

12. My responsibilities as a member of a self-help organization are more important than my responsibilities as a professional counselor.

7	6	5	4	3	2	1

13. I feel discomfort if I do not attend my regular number of self-help meetings each week because my client(s) are attending these meetings.

7	6	5	4	3	2	1

14. My perception of clients who are members of a self-help group is different than my perception of clients who are not.

7 6 5 4 3 2 1

15. Actively sharing the self-help philosophy (personal sobriety, personal usage of the 12 steps, and sponsorship) with my clients can conflict with my actions as a professional counselor.

7 6 5 4 3 2 1

16. I believe sharing my personal experiences at a self-help meeting where my current client(s) is/are attending is detrimental to the client-counselor relationship.

7 6 5 4 3 2 1

17. It is appropriate for me discuss facts, that I learn about a client at a self- help meeting, with that client in the professional counseling session.

7 6 5 4 3 2 1

18. Actively sharing the self-help philosophy (personal sobriety, personal usage of 12-steps, and sponsorship) with my clients conflicts with my feelings as a professional counselor.

7 6 5 4 3 2 1

19. When I share my personal experiences at a self-help meeting where my client(s) is/are attending, I feel closer to that/those client(s).

7 6 5 4 3 2 1

20. My perception of clients is different when my role is a member of a self-help group than when my role is that of a counselor.

7 6 5 4 3 2 1

21. I feel resentment toward my clients if their presence prevents me from attending my regular self-help meetings.

7 6 5 4 3 2 1

22. My boundary system as a member of a self-help group conflicts with my boundary system as a counselor.
(e.g. responding positively to a 3 a.m. phone call)

7 6 5 4 3 2 1

23. My emotional involvement with a member of a self-help organization is different than my emotional involvement with a client.

7 6 5 4 3 2 1

24. It is appropriate for me, as a member of a self-help group, to meet with client(s) after a self-help meeting to discuss problems they are having.

7 6 5 4 3 2 1

25. I would feel more comfortable lending money to a member of a self-help group than I would lending money to a client.

7 6 5 4 3 2 1

26. It is appropriate for me to disclose more personal information about myself at a self-help meeting where my client(s) are in attendance than in the counseling session.

7 6 5 4 3 2 1

27. If I share personal information at a self-help meeting where my clients are in attendance, a dual relationship is the result.

7 6 5 4 3 2 1

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28. I am more lenient toward nicotine/caffeine addictions as a member of a self- help group than I am toward nicotine/caffeine addictions in my role as a professional counselor.

7 6 5 4 3 2 1

29. It is appropriate to give my home phone number to self-help members if they are also my client(s).

7 6 5 4 3 2 1

30. It is appropriate for me to engage in casual socialization with client(s) who are members of my self-help group in a group setting after a self-help meeting.

7 6 5 4 3 2 1

31. My individual sobriety comes before my clients' needs.

7 6 5 4 3 2 1

Appendix E

Item Correlation Coefficients

With Total Score

for Entire Instrument

Item Number	n	M	s	Correlation Coefficient
1	100	2.08	1.32	.33**
2	100	4.23	1.82	.54**
3	100	2.65	1.80	.43**
4	100	6.70	1.24	.28**
5	100	2.99	1.80	.40**
6	100	3.23	1.97	.58**
7	100	4.79	1.60	.40**
8	100	3.69	2.16	.67**
9	100	2.63	2.03	.61**
10	100	3.42	2.05	.49**
11	100	3.35	2.00	.63**
12	100	2.91	1.88	.19
13	100	2.50	1.96	.40**
14	100	3.48	1.96	.18
15	100	2.49	1.51	.43**
16	99	2.93	1.73	.60**
17	100	5.92	1.61	.08
18	100	2.14	1.48	.47**
19	100	5.17	1.48	.30**
20	100	4.16	2.02	.41**
21	100	1.47	1.03	.37**
22	100	2.55	1.81	.41**
23	100	5.12	1.97	.42**
24	100	6.02	1.54	.25*
25	100	3.90	2.67	.29**
26	100	4.43	2.02	.06
27	100	3.38	1.98	.56**
28	100	2.55	1.86	.43**
29	100	5.72	1.92	.40**
30	100	4.84	1.89	.43**
31	100	6.32	1.45	.05

* - statistically significant at .05 level
** - statistically significant at .01 level (2-tailed)

Appendix F

Inter-Item Correlation Coefficients

for Scale 1

Counselor Discomfort Subscale

Item Number	11	13	18	19	21
11	1.00	.30**	.27**	.01	.24*
13		1.00	.10	-.10	.41**
18			1.00	.18	.21*
19				1.00	-.13
21					1.00

* - statistically significant at the .05 level
** - statistically significant at the .01 level

Appendix G

Inter-Item Correlation Coefficients

for Scale 2

Opinion of Potential Dual Relationships subscale

Item Number	1	2	3	4	5	6	8	9	14	15
1	1.00	.09	.37**	.05	.33	.05	.22*	.12	.03	.16
2		1.00	.05	.01	.24*	.30**	.52**	.53**	-.14	.15
3			1.00	.17	.32**	.07	.22	.13	.26**	.04
4				1.00	.16	.14	.15	.15	.10	.04
5					1.00	.32**	.35**	.23*	-.03	-.01
6						1.00	.48**	.46**	.06	.17
8							1.00	.70**	-.05	.12
9								1.00	-.13	.28**
14									1.00	.04
15										1.00

(continued)

Table G1: Inter-Item Coefficients for Scale 2

(Continued)

Item Number	17	20	21	24	25	26	27	29	30
1	-.01	.07	.14	-.11	.20*	-.13	.12	.00	.12
2	.05	.12	.07	.11	-.07	.23	.21*	.13	.35**
3	-.08	.10	.28**	-.03	.17	-.16	.24*	-.03	.10
4	.05	.06	-.06	.18	.05	-.06	-.01	.24*	.18
5	-.09	.07	.31**	-.11	.10	-.00	.28**	.01	.14
6	-.08	.32**	.23*	.05	-.03	.17	.19	.29**	.29**
8	.04	.12	.23*	.12	.06	.08	.35**	.17	.26**
9	.03	.16	.03	.18	-.06	.20*	.38**	.08	.29**
14	-.22*	.22*	.12	-.11	.20*	-.17	.16	.03	-.18
15	-.03	.17	.03	.14	.12	-.03	.40**	.15	.07
17	1.00	.07	-.13	.24*	.05	-.08	.02	.19	.01
20		1.00	.18	.10	.11	-.18	.12	.18	.15
21			1.00	.01	.20	-.02	.19	.04	.02
24				1.00	-.05	.12	.12	.27**	.22*
25					1.00	-.34**	.08	.09	-.18
26						1.00	-.01	-.03	.13
27							1.00	.13	.14
29								1.00	.50**
30									1.00

*** - statistically significant at .05 level**
**** - statistically significant at .01 level**

Appendix H

Inter-Item Correlation Coefficients

for Scale 3

Effects on Counseling Relationships Subscale

Item Number	7	14	16	17	19	21	26
7	1.00	-.17	.28**	.13	.47**	-.00	.19
14		1.00	-.03	-.22*	-.23*	.12	-.17
16			1.00	-.12	.19	.14	.18
17				1.00	.17	-.13	-.08
19					1.00	-.13	.12
21						1.00	-.01
26							1.00

* - statistically significant at .05 level
** - statistically significant at .01 level

Appendix I

Inter-Item Correlation Coefficients

For Scale 4

Personal Recovery Versus Counselor Role Subscale

Item Number	2	5	7	11	13	16	18	20
2	1.00	.24*	.48**	.31**	-.03	.39**	.28**	.07
5		1.00	.07	.27**	.22	.09	.14	.07
7			1.00	.06	.09	.28**	.06	.04
11				1.00	.30**	.54**	.27**	.13
13					1.00	.05	.10	.21
16						1.00	.35**	.20*
18							1.00	.08
20								1.00

(continued)

Table I1: Inter-Item Coefficients for Scale 4

(continued)

Item Number	21	26	27	31
2	.07	.23*	.21*	-.16
5	.31	-.00	.28**	-.09
7	-.00	.19	.21*	-.07
11	.24*	.04	.39**	.11
13	.41**	-.06	.23*	.08
16	.14	.18	.43**	-.02
18	.21*	-.00	.27**	-.08
20	.18	-.18	.12	.10
21	1.00	-.02	.19	.03
26		1.00	-.01	-.10
27			1.00	-.01
31				1.00

* - statistically significant at .05 level
** - statistically significant at .01 level

Appendix J

Inter-Item Correlation Coefficients for Scale 5

Primairy Mutual-Help Role Versus Counselor Role Subscale

Item Number	1	2	3	4	6	8	9	10	12
1	1.00	.09	.37**	.05	.05	.22*	.12	.05	.07
2		1.00	.05	.10	.39**	.52**	.53**	.52**	-.17
3			1.00	.17	.07	.22*	.13	.16	.11
4				1.00	.14	.15	.15	.09	.14
6					1.00	.48**	.46**	.31**	.05
8						1.00	.70**	.44	-.15
9							1.00	.48**	-.15
10								1.00	-.21*
12									1.00

(continued)

Table J1: Inter-Item Coefficients for Scale 5

(Continued)

Item Number	15	17	22	23	24	25	28	29	30
1	.16	-.01	.29**	-.02	-.11	.20*	.15	.00	.12
2	.16	.05	.13	.03	.12	-.07	.22*	.13	.35**
3	.04	-.08	.39**	.16	-.03	.17	.22	-.03	.10
4	.04	.05	.06	.26**	.18	.05	.14	.24*	.18
6	.17	-.09	.09	.02	.06	-.03	.18	.29	.29**
8	.12	.04	.24*	.11	.12	.06	.24*	.17	.26**
9	.28**	.03	.09	.04	.18	-.06	.15	.08	.29**
10	.19	-.02	.05	-.09	.24*	-.03	.16	.04	.26**
12	.26**	-.01	.01	.22*	.07	.10	.10	.04	-.05
15	1.00	-.03	.04	.25*	.14	.12	.19	.15	.07
17		1.00	-.06	.05	.24*	.05	.09	.19	.01
22			1.00	.19	-.14	.21*	.35**	.17	.12
23				1.00	.16	.39**	.23*	.36**	.08
24					1.00	-.05	-.04	.27**	.22*
25						1.00	.27**	.09	-.18
28							1.00	.04	.12
29								1.00	.50**
30									1.00

*** - statistically significant at .05 level**
**** - statistically significant at .01 level**

Appendix K

Correlation Coefficients Between Scales and Scores for Total Instrument

Table K1:

Correlation Coefficients Between Individual Scale Scores and Total Scale Scores

Scale Number*	n	Correlation Coefficient**
1	100	.78
2	100	.96
3	99	.66
4	99	.89
5	100	.95

*1 = Counselor Discomfort Scale
2 = Opinion of Potential Dual Relationships Scale
3 = Effects on Counseling Relationships Scale
4 = Personal Recovery Versus Counselor Role Scale
5 = Primairy Self-Help Role Versus Counselor Role Scale

** - All coorelation coefficients are statistically significant at the .01 level.

Table K2:

Inter-Scale Correlation Coefficients

Between Subscales One Through Five

Scale Number	1	2	3	4	5
1	1.00	.68	.50	.80	.63
2		1.00	.64	.84	.93
3			1.00	.68	.54
4				1.00	.89
5					1.00

*1 = Counselor Discomfort Scale
2 = Opinion of Dual Relationship Scale
3 = Effects on Counseling Relationship Scale
4 = Personal Recovery Versus Counselor Role Scale
5 = Primairy Self-Help Role Versus Counselor Role

** - All correlation coefficients are statistically significant at .01 level

Appendix L

Cronbach-Alpha Reliability Coefficients by Scales

Scale Number*	n	Alpha
1	100	.46
2	100	.71
3	99	.16
4	99	.66
5	100	.74
total	99	.82

*1 = Counselor Discomfort Scale
2 = Opinion of Potential Dual Relationships Scale
3 = Effects on Counseling Relationships Scale
4 = Personal Recovery Versus Counselor Role Scale
5 = Primairy Self-Help Role Versus Counselor Role

Appendix M

Statistically Significant Differences Among Main Effects and Interactions After Deletion of Non-Correlating Items

Independent Variable(s)*	dependent variable**	p values with items[1] intact	p values with items[1] deleted
D	V	.0281***	.0438***
A	I	.0150***	.0150***
A	IV	.0396***	.0036***
D	II	.0283***	.0158***
D	V	.0078***	.0118***
D	VI	.0333***	.0295***
D	II	.0129***	.0065***
D	V	.0030***	.0076***
D	VI	.0186***	.0175***
AxCxD	II	.0170***	.0850
AxCxD	III	.0001***	.0399***
AxCxD	IV	.0073***	.0446***
AxCxD	VI	.0431***	.1046
BxCxD	I	.0234***	.0234***
A	IV	.1189	.0169***
C	VI	.0705	.0376***
A	IV	.1757	.0392***
D	VI	.0531	.0457***
A	II	.0801	.0456***

* Independent Variables are coded as follows:
A = Time in Recovery
B = Work Experience
C = Formal Education
D = Gender
E = Community Size
Note: Single variables denote main effects and multiple variables denote interactions

** Dependent Variables are coded as follows:
I = Counselor Discomfort
II = Opinion of Potential Dual Relationships
III = Effects on Counseling Relationships
IV = Personal Recovery Versus Counselor Role
V = Primary Mutual-Help Role Versus Counselor Role
VI = Total Score

*** Statistically significant at the .0500 level

[1] Items deleted were #12, #14, #17, #26, and #31

Appendix N

Item Correlation Coefficients

With Total Score

For Individual Subscales

Table N1:

Item Correlation Coefficients With Total Score for Scale 1

Counselor Discomfort subscale

Item Number	n	M	s	Coorelation Coefficient*
11	100	3.35	2.00	.71
13	100	2.50	1.96	.65
18	100	2.14	1.48	.59
19	100	2.83	1.48	.32
21	100	1.47	1.03	.53

* - All coorelation coefficients were statistically significant at the .01 level

Table N2:

Item Correlation Coefficients With Total Score for

Scale 2 - Opinion of Potential Dual Relationships Subscale

Item Number	n	M	s	Correlation Coefficient
1	100	2.08	1.32	.34**
2	100	3.77	1.82	.55**
3	100	2.65	1.80	.41**
4	100	1.30	1.24	.32**
5	100	2.99	1.80	.46*
6	100	3.23	1.97	.62**
8	100	3.69	2.16	.69**
9	100	2.63	2.03	.65**
14	100	3.48	1.96	.17
15	100	2.49	1.51	.38**
17	100	2.08	1.61	.12
20	100	4.16	2.02	.42**
21	100	1.47	1.03	.35**
24	100	1.98	1.54	.30**
25	100	3.90	2.67	.26**
26	100	3.57	2.02	.10
27	100	3.38	1.98	.55**
29	100	2.28	1.92	.45**
30	100	3.16	1.89	.47**

** - statistically significant at .01 level

Table N3:

Item Correlation Coefficients With Total Score for Scale 3

Efffects on Counseling Relationships subscale

Item Number	n	M	s	Correlation Coefficient
7	100	3.21	1.60	.65**
14	100	3.48	1.96	.15
16	99	2.93	1.73	.58**
17	100	2.08	1.61	.24*
19	100	2.83	1.48	.53**
21	100	1.47	1.03	.23**
26	100	3.57	2.02	.50**

* - statistically significant at .05 level
** - statistically significant at .01 level

Table N4

Item Correlation Coefficients With Total Score for Scale 4

Personal Recovery Versus Counselor Role Subscale

Item Number	n	M	s	Correlation Coefficient
2	100	3.77	1.82	.57**
5	100	2.99	1.80	.47**
7	100	3.21	1.60	.42**
11	100	3.35	2.00	.68**
13	100	2.50	1.96	.44**
16	99	2.93	1.73	.67**
18	100	2.14	1.48	.46**
20	100	4.16	2.02	.38**
21	100	1.47	1.03	.44**
26	100	3.57	2.02	.25*
27	100	3.38	1.98	.62**
31	100	6.32	1.45	.12

* - statistically significant at .05 level
** - statistically significant at .01 level

Table N5:

Item Correlation Coefficients With Total Score for Scale 5

Primairy Self-Help Role Versus Counselor Role Subscale

Item Number	n	M	s	Correlation Coefficient
1	100	2.08	1.32	.34**
2	100	3.77	1.82	.54**
3	100	2.65	1.80	.41**
4	100	1.30	1.24	.38**
6	100	3.23	1.97	.53**
8	100	3.69	2.16	.66**
9	100	2.63	2.03	.60**
10	100	4.58	2.05	.48**
12	100	2.91	1.88	.17
15	100	2.49	1.51	.42**
17	100	2.08	1.61	.18
22	100	2.55	1.81	.42**
23	100	5.12	1.97	.46**
24	100	1.98	1.54	.32**
25	100	3.90	2.67	.34**
28	100	2.55	1.86	.50**
29	100	2.28	1.92	.48**
30	100	3.16	1.89	.47**

** - statistically significant at .01 level